



## CITY OF ATLANTA

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Kasim Reed  
Mayor

DEPARTMENT OF PROCUREMENT  
Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP  
Chief Procurement Officer  
[asmith@atlantaga.gov](mailto:asmith@atlantaga.gov)

January 30, 2015

Dear Potential Proponents:

**Re: FC-7936, Employee Benefits**

Attached is one (1) copy of **Addendum Number 2**, which is hereby made a part of the above-referenced project.

For additional information, please contact Krista A. Morrison, Esq., at (404) 865-8709 or by email at [kamorrison@atlantaga.gov](mailto:kamorrison@atlantaga.gov).

Sincerely,

A handwritten signature in black ink that reads "Adam L. Smith".

Adam L. Smith

ALS/kam

**ADDENDUM NO. 2**

This Addendum No. 2 forms a part of the Request for Proposals and modifies the original solicitation package and any prior Addenda as noted below and is issued to incorporate the following:

- **A total of 381 Questions and Answers** (see pages 4-73);
- **Modification of Appendix A as outlined in the original solicitation document** (see Attachment 1). The City of Atlanta has made a determination to remove the **Joint Venture requirement**, per the Office of Contract Compliance. As a result, Appendix A of the original Request for Proposals document has been replaced with Attachment 1 of this addendum;
- **Modification of Exhibit A, Scope of Services, Section II, D. Life Insurance** – the City of Atlanta is interested in receiving quotes from Life Insurance vendors on a Group Life insurance and Accidental Death and Dismemberment Insurance (AD&D) policy for basic insurance coverage of \$45,000 for all active employees that would be paid by the City. Employees with salaries less than \$45,000 will receive the basic life and AD&D coverage with no additional premiums required. Employees with salaries greater than \$45,000 will be responsible for the remaining basic life & AD&D insurance premiums up to 1x base salary. Active employees will have the option to purchase supplemental coverage up to \$200,000 with employees paying 100% of the premiums. There will be no change in \$5,000 coverage level for Spouse and Dependent Children;
- **The following Attachments:**
  - Attachment 2 – BCBS National Drug List;
  - Attachment 3 – BCBS Specialty Pharmacy Information;
  - Attachment 4 – Minnesota Life Certificates and Policy Information;
  - Attachment 5 – AFLAC Brochures and Experience Reports;
  - Attachment 6 – Updated Appendix E-3, Claims Enrollment and Contributions (***This document is made available per Addendum No. 2. However, a signed Confidentiality Agreement must be maintained on file with the Department of Procurement in order to receive this confidential document***); and
  - Attachment 7 – BCBS RX Data (***This document is made available per Addendum No. 2. However, a signed Confidentiality Agreement must be maintained on file with the Department of Procurement in order to receive this confidential document***); and
- **Extending Addendum Deadline:** The last date to submit questions in writing pertaining solely to Addendum No. 2 shall be **Tuesday, February 3, 2015** by **1:00 p.m., ET**. Submit questions by email to Krista A. Morrison, Esq. at kamorrison@atlantaga.gov; and
- **Extending Deadline to Submit Proposals:** The last date to submit Proposals is now **Wednesday March 4, 2015** by **2:00 p.m., ET., and delivered to the address listed below:**

Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP  
Chief Procurement Officer  
Department of Procurement  
55 Trinity Avenue, S. W.  
City Hall South, Suite 1900  
Atlanta, Georgia 30303

**\*\*All other pertinent information is to remain unchanged\*\***

**Acknowledgment of Addendum No. 2**

**Proponents must sign below and return this form with Proposal response to the Department of Procurement.**

Proponents must sign below and return this form with Proposal to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

This is to acknowledge receipt of **FC-7936, Employee Benefits Addendum No. 2** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Legal Company Name of Proponent

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Questions and Answers**

**Procurement Process Questions**

- 1) Will there be a call-in number for the Pre-Proposal conference, or must attendees be there in person?

**Answer:** No. Interested attendees must appear in person.

- 2) Can you please confirm if the Confidentiality Agreement (CA) must be presented in person on 1/13 by 5pm ET with an original signature?

**Answer:** January 13, 2015 was the earliest date on which the USB flash drive was made available. It will continue to be available from the Department of Procurement until the proposal due date. Proponents must present a signed Confidentiality Agreement in person to receive the flash drive.

- 3) Is there a required \$100 fee to participate and receive available documents and CDs?

**Answer:** No. The \$100 fee refers to obtaining a printed copy of the RFP document only.

- 4) Can the City provide an editable version of the RFP in Microsoft Word versus PDF (inclusive of the Procurement Solicitation and forms documents)?

**Answer:** No.

- 5) Are we able to complete Forms 1-9 electronically instead of handwritten (consistent with bidders receiving the forms electronically)?

**Answer:** No. Forms 1-9 are only available in PDF format.

- 6) For the Informational Proposal, does the term “index,” refer to an actual index or more of a table of contents?

**Answer:** A table of contents.

- 7) Please confirm whether all information entered on the forms must be handwritten or whether information can be typed in with wet signatures and applicable stamps added by signatories/notaries. Also, please confirm that handwritten and/or wet signatures/stamps are needed on the forms in all binders, or just in the binder marked 'Original.'

**Answer:** Information entered on Forms 1-9 may either be handwritten or typed in, however original signatures and stamps are required. Only the binder marked 'Original' needs to contain original signatures and stamps.



- 8) Part 2, Contents of Proposals/Required Submittals, Item #2, 2.1, 2.2 and 2.3 – Please clarify if the information for Volume I, Volume II and Volume III can all be included together in one binder or if each volume needs to be in a separate binder.

**Answer:** You are not required to place each volume of the Informational Proposal in a separate binder, but may choose to do so. If you do include multiple volumes in a single binder, please label each volume clearly.

- 9) Please clarify that there will actually be 4 separate binders submitted as part of this proposal, Volume I, Volume II, Volume III and Cost Proposal.

**Answer:** Please see the response to Question #8. You may include the entire Informational Proposal in a single binder if space permits, however the Cost Proposal must be submitted in a separate sealed envelope.

- 10) Can you confirm that consecutive page numbering is not a requirement for this RFP response, assuming we remain in compliance with the tabbing requirements specified in Section 5.2 and Section B (Attachments) of Appendix E?

**Answer:** Correct.

- 11) Submittal of Proposal 5.2: in an effort to adhere to the instructions and also be aware of the environment and costs, can you confirm that only the actual questionnaire be double spaced and single sided, or do all documents need to be double spaced and single sided in 12 font? If all documents, please confirm marketing that is already preset in PDF format and can't be changed- is it acceptable that those pieces be single sided but not double spaced 12 fonts?

**Answer:** Volume I of your Informational Proposal must be single-sided and double-spaced. However, the questionnaire and other attachments in Volume III may be double-sided and single-spaced. Pre-existing marketing documents may be submitted as originally printed.

- 12) Can you confirm that only the non-tabled section of the questionnaire is the only section of the proposal that would require double-spacing ? (Note: The tables you provided do not allow for double spacing, and a variety of the samples you have requested are pre-printed pdfs)

**Answer:** You may use single-spacing throughout the questionnaire.

- 13) In Section 5.2 you ask us to Double-Space our proposal in 12 point font. Can you confirm this would only be applicable to the non-tabled items in our response to Appendix E-1 Questionnaire? (Tables do not allow double spacing, and most of the samples you are requested are pre-printed)

**Answer:** Please see Response #12 above.

- 14) Section 5, Submission of Proposals, requires single-sided, double-spaced pages. Our company tries to practice green policies whenever possible. Would you accept single-spaced, double-sided pages?

**Answer:** Please see Response #11 above.

- 15) Formatting verification – based on the Solicitation document provided, the key formatting issues noted are: single sided, 12 point font, double spacing and labeling of select Attachments. Can you confirm the double spacing is intended for the questionnaire only document? We are not seeing any request for page numbering or carrier reference requirement on any sections or documents. Is this correct?

**Answer:** Please see Responses #10, 11 and 12 above.

- 16) Large Documents – to minimize thickness of the hardcopy deliverable, would it be acceptable to place some larger items on CD or an exception for select items to be duplexed (double sided)? These items would be: GeoAccess Reports, Disruption Results, Re-Pricing Results, Annual Reports, Provider Directories and Sample Reporting. We could place CDs within each binder in the sections where these documents would apply so they would be separate from the main 2 CDs requested in PDF format.

**Answer:** You may submit your provider directories on CD instead of submitting hard copies. Please place the CDs securely within the Volume III section of your proposal, labeled as **Attachment #8**. We do request hard copies of the other requested documents; however, Volume III documents may be double-sided. Please note that financial statements associated with Form 3 (Part 4 Required Submittal Forms) must be printed as instructed in the solicitation document.

- 17) Can we put some larger documents on CD only such as annual reports, audited financial statements and provider directories? Provider directories can be over 600 pages single sided.

**Answer:** Please see Response #16 above.

- 18) Can you confirm that our interpretation of Item 8 in Section B (Attachments) of Appendix E is correct: In order to satisfy the provider directory requirements, we would only need to provide a CD-ROM with both a PDF and an excel versions of our Georgia provider directories, and not print them? (Of note, we estimate the full set of provider directories for our networks in Georgia would run between 1,450 and 2,500 pages for hard copy, based on final products we quote)

**Answer:** You may submit your provider directories on CD instead of submitting hard copies.

- 19) Section B (Attachments) of Appendix E lays out the required attachments for the RFP. Aside from the provider directories, which we have asked a separate question on, would it be acceptable to put larger samples on CD-ROM only, assuming we provide a tab for the item by a note to see the item on CD-ROM at the end of the binder. (For example, our financial reports would run 450 pages, while the Geo Access reports and sample Reporting Packages would each generally run in the 200-500 page range, depending on products quoted and data provided.)

**Answer:** Please see Response #16 above.

- 20) Deliverables – should any “editable” files be returned (questionnaire, disruption, cost or re-price)?

**Answer:** Only return the documents and items requested in the RFP.

- 21) Deliverables – Per RFP specifications, you are requesting for 1 original and 10 copies (Informational Volume I, II & III and then the Cost) along with 2 CDs of each. 1 CD is to be a match to the proposal binder in an “Acrobat Adobe PDF file” format and 1 CD is to be a “redacted” version of the proposal. Can you confirm the redacted should also be in PDF format as well as whether any hardcopies are needed of the “redacted” version? Since the Informational and Cost will be packaged separately, we will provide separate sets of CDs as well. Advise if this is incorrect.

**Answer:** The redacted version should be in PDF format. Hard copies of the redacted version are not required. Yes, separate CDs are required for the Informational and Cost Proposals.

- 22) Do we need to submit 2 CDs for each volume or 2 CDs of the entire proposal response?

**Answer:** 2 CDs of the entire proposal response.

- 23) Part 4, Required Submittals Forms, Form 2, Contractor Disclosure Form, B. Individual/Entity Information, #5, p.1: Please confirm if the “Certificate of Authority to Transact Business in the State of Georgia” is a standardized form respondents should complete. If so, please provide this document.

**Answer:** This is not a standardized form. We require a copy of your business license or similar.

- 24) For number 3, under Part I, which states “Each Proponent shall submit with its Proposal, documentation that demonstrates it is duly authorized to conduct business in the State of Georgia”, can you please confirm what documentation will be considered to meet this requirement?

**Answer:** Please see Response #23 above.

25) Form 2, pg. 7, there appears to be two notary signatures requested when signing on behalf of an organization (bottom section), is it the City's intention that two notary's sign the document or was that simply a typo?

**Answer:** Form 2 only requires one notary.

26) If requested attachments do not apply for our line of business, for example, Attachment #7 – Disease Management mailing, should we insert a sheet of paper that says “Not Applicable” and keep the attachment numbering as indicated?

**Answer:** Correct.

27) Our organization will only be answering two of the questionnaire sections. Should we include the rest of the sections or leave them out?

**Answer:** You should include those sections but may leave them blank or indicate “not applicable”.

28) Part 2, Contents of Proposals/Required Submittals, 6.4, p.11: Please provide clarification around where respondents should provide responses to “ALL questions asked within Exhibit A, Scope of Services.”

**Answer:** Proponents should respond to all applicable questions within the Appendix E-1 questionnaire.

29) Please confirm that the Proposal Bond is not required for this RFP and that the forms included in the RFP related to the Proposal Bond are also not required.

**Answer:** Correct. The Proposal bond is not required, and Form 8 is not applicable.

30) Are we to submit a blank Form 8 in the RFP with a note that says "not applicable" – just as an acknowledgement that we viewed the form in the RFP. Or should we not include a Form 8 altogether because it is noted that it is not applicable?

**Answer:** You may include Form 8 in your proposal and leave it blank.

31) In Part 1. of the RFP, some of the Information and Instructions say “(Not Applicable)”, number 8 and number 16 for example. Please confirm that these specifications are not applicable to this Employee Benefit Request for Proposal.

**Answer:** Correct.

- 32) Please clarify the submission of Form 1, Illegal Immigration Reform and Enforcement Act Forms. The RFP specifies that the form must be submitted as follows “filled out COMPLETELY and submitted with the Proposal prior to the Proposal due date” on the form, however in the instructions section the RFP specifies that the form “must be submitted on the top of the Proposal at the time of submission, prior to the time for opening the Proposal”.

**Answer:** Form 1 should be included in Volume II of your Informational Proposal along with the other required forms. It need not be placed elsewhere.

- 33) In regard to Form 1- please confirm Subcontractor Affidavit Forms are not to be included with this bid proposal.

**Answer:** The Subcontractor Affidavit forms are not required at the time that you submit your proposal. However, the Subcontractor Affidavit forms are required at contract execution or in accordance with the timelines set forth in Georgia law.

- 34) Required Submittal (FORM 1), Illegal Immigration Reform and Enforcement Act Forms (Page 3 of 3) Subcontractor Affidavit; if our proposed subcontractor already has a contract with our organization that includes these policies, do they still have to complete the form?

**Answer:** Please see Response #33 above.

- 35) Volume II, Form 3, requires that Financial Statements be submitted and Volume III requires that Financial Statements be submitted in Volume III and labeled as Attachment #3. Are the Financial Statements to be included in Volume II, Volume III or both?

**Answer:** Please submit your Financial Statements for the most recent three years in **Volume II**, at **Form 3**. Then in **Volume III**, at **Attachment #3**, please indicate that the Financial Statements may be found at Volume II, Form 3.

- 36) Can an Authorized Representative sign Form 4.1 and 4.2 in Part 4 of the RFP?

**Answer:** Yes. Please include associated Power of Attorney.

- 37) Is it the City’s intention that the Payment Bond Issuer will need to complete Form 4.1?

**Answer:** The potential insurer should complete the form.

- 38) Required Submittal (FORM 4.2) Certification of Bonding Ability Instructions. Please verify that this form is required for the proposal.

**Answer:** Yes, Form 4.2 is required.

- 39) RFP Part 1, Section 15 (Evaluation of Financial Information) discusses payment and performance bonds “if this RFP requires” them. Can the City please clarify exactly which bonds are required? Form 4.2 seems to be a requirement, however, Part B of Form 3 has an option (Subpart B.1(a)) to provide certain financial information not including proof of a proponent’s ability to obtain a performance bond, which suggests that Form 4.2 is optional for proponents that are able to select the option in Subpart B.1(a) of Form 3.

**Answer:** Form 4.2 is a requirement for this RFP.

- 40) The RFP instructions indicate that we are to complete Form 7 (References) and place them in Volume I (Key Personnel/Resumes). The RFP instructions also indicate that we are to complete Form 7 (References) and place them in Volume II with all of the required forms). The questionnaire portion of the RFP indicates that we are to complete Form 7 (References) and place them in Volume III and label them as Attachment # 14. Are references (Form 7) to be included in Volume I, Volume II, Volume III or in all three volumes?

**Answer:** Form 7 is to be placed in Volume II with the other required forms, and should not be included in Volume I. If using the same references for Attachment #14 of Form 3, you may indicate there that references can be found at **Volume II, Form 7**.

- 41) Please confirm where form 7 requires at least 3 references if the proponent refers to the prime contractor or if each proponent (i.e. subcontractor) in the joint venture would need three references.

**Answer:** References are required for the prime contractor.

- 42) Checklists. The City provides two checklists of required submittals: (1) Page 13 (Part 2, item 8) of Instructions to Proponents, and (2) Form 9 of Part 4, Required Submittal Forms. Please clarify which checklist respondents should follow when composing their response. Also, if Form 9, does the entry “Item 1 – Part I – Instructions to Proponents” require respondents to reprint the city’s instructions in the proposal?

**Answer:** The checklist on Page 13 of Part 2 is included for your convenience and should not be returned with your proposal. The checklist at Form 9 of Part 4 is a required submittal. You are not required to reprint the city’s instructions in your proposal.

- 43) Regarding the draft contract received with the RFP, was that for informational purposes only or did you want each organization to review and provide comments? If for informational purposes only, should it be returned as part of the proposal response.

**Answer:** The Draft Professional Services Agreement (“PSA”) is the City’s standard form agreement for services of this nature and contains legal terms that the City considers material, many of which are required by law. If a proponent believes that it is unable, for legal reasons, to agree to any of the material terms of

the draft PSA, the proponent should identify such terms in the proposal package and explain the legal basis for the objection. This may be submitted in Volume III, under Attachment #18. The final contracts will be substantially in the form of the draft PSA; however, the detailed terms may be negotiated with the awardee(s).

- 44) RFP Part 1, Section 19 (Award of Agreement; Execution) states that the City will prepare the Agreement for the successful proponent and it will be substantially in the form included in the RFP. Can the City please reconcile this statement to the request in Appendix E for the proponents' sample contracts? How will the final contract relate to the Draft Professional Services Agreement in Part 5 of the RFP and the sample contract requested? In addition, what is the City's expectation regarding any exceptions a proponent may request in Attachment 16? Does the City anticipate this will be negotiated to a conclusion before the Agreement is issued to the successful proponent? Will the Agreement issued serve as the basis for any negotiation the City entertains or is it expected that the Agreement will be issued in final form? Please confirm that if a proponent wishes to negotiate any terms of the Draft Professional Services Agreement, those should be identified in Attachment 16.

**Answer:** Please see Response #43 above. To the extent that a Proponent states a legal objection to any of the terms of the Draft PSA or wishes to propose additional or alternative language during contract negotiations, the language of the proponent's sample contracts may be taken into account.

- 45) Is the Draft Professional Services Agreement for informational purposes only and to be discussed once awarded the contract or would the City like all clarifications and deviations to the contract delineated in our response?

**Answer:** Please see Response #43 above.

- 46) Draft Service Agreement; is the expectation to redline this agreement? In addition, can we please obtain a Word version of this document?

**Answer:** Please see Response #43 above. No Word version of this document will be provided at this time.

- 47) How should Proponents address the Draft Services Agreement (contract) that the City includes with this RFP. There is no language that notes a requirement to address the language in the contract with the response (redline, etc). How would you like to see Proponents respond to the Draft Services Agreement language?

**Answer:** Please see Response #43 above.

- 48) Part 5, Draft Professional Services Agreement, 8.2, Invoices, p. 7: Will City of Atlanta accept an offer with payment terms that differ from 30 days?

**Answer:** Please see Response #43 above.

- 49) Section 5.3 of the Draft Professional Services Agreement refers to Unilateral Change Documents. Can the City please provide examples of what these have been issued for in the past and what the City anticipates they may be required in relation to in the future?

**Answer:** Please see Response #43 above. Contract modifications and change orders, including unilateral changes orders, are described in Atlanta City Code Section 2-1292(d).

- 50) Section 6.6.1 of the Draft Professional Services Agreement uses the term “Key Service Provider Personnel”. We did not see this defined in the RFP. Please identify who this would include in relation to PBM services.

**Answer:** This term refers to the prime contractor’s personnel that have special skills and capacity which makes their performance of the contract a key element in the award of the contract.

- 51) Section 6.6.2 of the Draft Professional Services Agreement uses the term “Key Subcontractors”. We did not see this defined in the RFP. Please identify who this would include in relation to PBM services.

**Answer:** This term refers to the primary subcontractor personnel.

- 52) Section 8.2 of the Draft Professional Services Agreement indicates that Exhibit A specifies invoicing frequency, however, we do not see that detail included. What is the City expectation regarding the invoice frequency for pharmacy claims reimbursement invoices and also for administrative fee invoices?

**Answer:** The City’s payment terms are Net 30.

- 53) Section 8.4 of the Draft Professional Services Agreement specifies payment terms. The standard industry practice for PBM services is for claims to be reimbursed much more quickly than indicated (typically in less than a week from invoice receipt). Longer payment terms for claims require the cost of the capital used to reimburse the pharmacies to be included in the PBM calculation of the client’s costs/fees. What is the City’s expectation for payment timing on pharmacy claims invoices?

**Answer:** Please see Responses #43 and #52 above.

- 54) Section 10.2 of the Draft Professional Services Agreement refers to the City’s Socio-Economic Programs. Are there any required programs that are not specifically identified somewhere in the RFP?

**Answer:** Please see Attachment 1 of this Addendum.



- 55) Should the first sentence of Section 15.2 of the Draft Professional Services Agreement include the word “prior” after the word “immediate” and before the word “subsection”? If not, please clarify which “limitation” Section 15.2 is referring to.

**Answer:** The previous subsection 15.1 of the draft agreement.

- 56) Exhibit B (Definitions) mentions the “City Security Policies”. We did not see these included. If the City believes these may be applicable to PBM services, will the City please provide a copy for review?

**Answer:** Any security policies that are deemed applicable will be identified and discussed during the negotiation phase.

- 57) RFP Part 1, Section 16 (Special Rules Applicable to Evaluation of Proposals) states that it is Not Applicable. Should proponents disregard the content of this section?

**Answer:** Correct. This section is inapplicable and should be disregarded.

- 58) If there are discrepancies between portions of Appendix E and the more general portions of the RFP, please confirm that the requirements of Appendix E will govern.

**Answer:** If there are discrepancies that are not addressed in this addendum, please bring them to our attention.

- 59) You ask for several attachments throughout the Questionnaire not listed for in the Section B Attachments Index (one example would be the “Medicare Part D Performance Guarantees” in #60 of the Pharmacy Questionnaire). Where should we put these in our proposal response (i.e. should they just go after all the other attachments in Volume III)?

**Answer:** Per the instructions to Appendix E, additional attachments should be included at the end of Volume III, under **Attachment #18**. Label them with the identifying section and question number.

- 60) Are we able to provide a document with extended questionnaire answers in the additional attachment section for any answers that are longer than 2-3 paragraphs?

**Answer:** Longer responses may be included under **Attachment #18**. Label them with the identifying section and question number.

- 61) Please confirm if there is a preference for the placement in the binders for the Open Records Act affidavit.

**Answer:** You may place this affidavit at the end of Volume III, under Attachment #18.

62) RFP Part 1, Section 2 (Method of Source Selection) includes a presumption that a proponent is familiar with all laws applicable to this procurement. While Proponent will be familiar with all statutes and ordinances cited in the RFP, no proponent can be as familiar with the law applicable to this procurement as the City is. Can the City confirm that it has a reasonable belief that all state or local statutes and ordinances that may materially impact a proposal and that would apply differently to the City than to another public employer in Georgia have been identified in the RFP?

**Answer:** Proponents are required to be familiar and comply with all federal, state or local laws that apply to the work that is the subject of this RFP, irrespective of whether such laws have been identified in the RFP.

63) Our company proposed coverage during the last bid cycle (I believe in 2012). Would it be possible to find out if our response was thrown out due to an incomplete response or other reason?

**Answer:** Requests for information from the prior solicitation should be submitted pursuant to the State of Georgia Open Records Act..

64) Page 2 of the announcement letter indicates that proposals will be publicly opened and read. Our experience is that, typically, only the bidder's name and other high-level information is read publicly. Can the City please confirm that it does not expect that anything that a proponent identifies as falling into an exception in the Georgia Open Records Act would be read publicly?

**Answer:** Only the proponents' names and number of boxes submitted will be read publicly upon receipt of proposals.

65) Can you provide the process bidders should follow if they need to ask clarifying questions about the responses to these bidder questions?

**Answer:** You may submit these questions in writing and the City may choose to respond at our discretion.

#### **Office of Contract Compliance (Appendix A) Questions**

66) Please confirm if Joint Venture participation is required, as described on Page 6 of Appendix A in the RFP document, it states that it is encouraged, however during the pre-bid conference on 1/14/14 it was referenced that participation was a requirement to be responsive in this solicitation.

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

67) Please provide additional clarity around the joint venture requirement for this procurement under the EBO Policy. For Proponents working on this bid that don't have a joint venture agreement in place, this arrangement with all the legal and operational requirements that would have to be evaluated could take a minimum of 2-3 months to implement. This new requirement may significantly reduce the field of Proponents that are able to be deemed "responsive" on this project --- creating an environment that limits bid competition and potential service and financial solutions that the City won't be able to evaluate because of this requirement.

We are fully prepared to commit to and deliver against the City's AABE and FBE goals however the Joint Venture requirement presents significant challenges, likely to all insurers. Insurance contracts are highly regulated by the State's insurance department and require State filings to ensure insurance plans are delivered and administered in an appropriate and legal manner with the correct fiduciary backing. Requiring a Joint Venture, as well as the short timeframe given, could put the City's benefits plan at risk relative to data privacy, security, HIPAA compliance, PHI issues, insolvency, timeliness and effectiveness of services (call center, claims, eligibility) and overall employee dissatisfaction if the Joint Venture does not appropriately deliver the requirements and expectations that the City demands. Additionally, sharing access with a Joint Venture partner to the City's employee data, claim systems, eligibility files and other technical processes is a significant undertaking and would require considerable vetting of the Joint Venture partner's capabilities, experience, and various requirements needed for an insurer to conduct business.

A Joint Venture would likely require the formation of a new insurance company. That new company must then get a license to do business which entails Insurance Department review of capital structure, policies, and forms. Because City retirees (and some city employees) will live outside of Georgia, those filings and licenses will need to be sought in potentially all 50 states who exercise jurisdiction as well. The cost to conduct and perform such a Joint Venture would also need to be factored into the cost of the plans which would ultimately negatively impact the City of Atlanta's budget, taxpayers of Atlanta, and City of Atlanta employees. Finally, as with all insurance contracts, there is associated financial risks that need to be evaluated, in some years a profit could be drawn and in other years a loss could occur so finding a Joint Venture Partner that has the financial strengths, ratings, and assets to not only benefit from good years but withstand the bad experience years seems impossible of a task to identify and create in 4 weeks.

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

68) When discussing Joint Ventures, it does state that on “selected projects” valued at 5 million and over the OCC can determine whether or not it’s required. Since our portion is far under the 5mm threshold, could this be reviewed?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

69) Is the Joint Venture requirement applicable to all products included in the RFP or just the medical plan? In what time period does the five (5) million dollars and over for selected projects value cover?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

70) If the administrative cost i.e. project cost (excluding claims cost) is less than \$5,000,000 over the life of the contract is a joint venture partnership required?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

71) If the contract is under \$5,000,000 in administrative cost over the life of the contract, can the Primary only include a certified FBE and AABE firm?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

72) Joint Venture Participation (Appendix A, pages6-7). We are bidding on one portion of this opportunity, and our proposal is less than \$5 million. What, M/FBE joint venture goals must be met?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

73) In the past, in bidding on the City of Atlanta’s benefits, our company included a City of Atlanta certified AABE firm and an FBE firm to meet the Equal Business Opportunity M/FBE goals. Are we now required to include a Joint Venture Partner Agreement in order to meet FC #7936 requirement?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

74) Can you please further explain the role of the Joint Venture Minority Vendor vs being just a Minority Vendor?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

75) In Appendix A, page 6, Joint Venture Participation on City of Atlanta EBO Projects, please elaborate or provide additional information? Is it possible to utilize subcontractors for the project (e.g., EBO members-licensed agents, MBE, and FBE)?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. However, the subcontractor guidelines will continue to be a part of the solicitation requirements.

Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

76) If M/FBE vendors are already certified through the Office of Contract Compliance, and we are using them as actual sub-contractors, can you confirm that Joint Venture Agreements are not required with those vendors? If they are required, do you have a specific joint venture agreement you would like bidders to complete?

**Answer:** The City of Atlanta has decided to remove the Joint Venture (JV) language from this solicitation. However, the subcontractor guidelines will continue to be a part of the solicitation requirements. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

77) Are the required EBO ownership percentages applicable to all carriers? Should the percentages (14.9% AABE and 8.3% FBE) be listed as an “or” in lieu of “and?”

**Answer:** Yes, all prime bidders must adhere to the subcontractor participation guidelines stated on Page 6 of Appendix A. Please review the revised Appendix A in Attachment 1 of this Addendum for more details.

78) My organization is looking to bid only on the FSA portion of the proposal. We are not minority owned. Mr. Bell kept using the word primary and I’m not sure if we are considered primary, since we would only be bidding on the FSA. Can you give me some guidance on whether we have to meet these Sub-Contractors and Joint Venture Agreement requirements?

**Answer:** All prime contractors (or lead firms) are required to adhere to the subcontractor participation guidelines. Please be advised that the City of Atlanta has decided to remove the Joint Venture language from this solicitation. However, the subcontractor guidelines will continue to be a part of the solicitation requirements.

79) Are we still held to the same EBO and sub-contracting standards even though we as a company are smaller than many of the sub-contractors that will be brought on?

**Answer:** Yes. All prime contractors are bound by the same EBO subcontractor requirements.

80) Would the utilization of diverse suppliers need to be in “direct” (i.e. printed member materials) or “indirect” (i.e. janitorial services) support of contract?

**Answer:** AABE and FBE subcontractor participation can only be credited to a certified subcontractor that self-performs work associated with this project.

81) Please confirm the OCC compliance % commitments should be based on a % of the total contract value or a percentage of administrative cost?

**Answer:** The subcontractor participation will be calculated based on administrative cost of the overall contract.

82) This RFP involves benefits claims. A Proponent/benefits provider cannot control whether claims are filled at specific medical or pharmacy providers. For the EBO M/FBE goals, please confirm that the percentage requirements for AABE (14.9%) and FBE (8.3%) are based on the administrative value of the contract and not the total revenue value (which includes claims) of the contract.

**Answer:** The subcontractor participation will be calculated based on administrative cost of the overall contract.

83) For the EBO requirements, will indirect spend count toward meeting the goals?

**Answer:** Operating cost (or Administrative cost) will be credited towards meeting the goals as long as a certified AABE or FBE has some level of self-performing interest in the task that is performed.

84) What if any AABE/FBE certifications would be accepted by the group for compliance purposes other than the City of Atlanta’s Office of Contract Compliance certification (i.e. NMSDC, WBENC, etc.)?

**Answer:** Only firms who are certified with the City of Atlanta’s Office of Contract Compliance as an AABE or FBE can receive subcontractor participation credit for the purposes of fulfilling the EBO requirements for this contract. **Note:** the AABE or FBE Certification from other governmental jurisdictions will not be accepted on this contract.

85) Please confirm the basis for the calculation of the AABE and FBE percentages.

**Answer:** The basis of the calculation of the AABE and FBE subcontractor participation percentages are derived from the City of Atlanta's Equal Business Opportunity (EBO) Code of Ordinances which require minority and female business enterprise (M/FBE) participation on city contracts.

86) Please confirm what information needs to be submitted for our subcontractors other than the letter of intent.

**Answer:** All prime contractors must submit the following required submittals located in Appendix A: Form EBO 1, Form EBO 2, Form EBO 3, Form EBO 4 and Form EBO 5. These forms must be completed in their entirety.

87) Our company has regularly partnered with local MBE/WBE entities in the past, and are happy to do so again. Does the entity have to be certified by the City of Atlanta? If so, is there a list or database that would provide who is certified?

**Answer:** In an effort to meet or exceed the subcontractor requirements, all prime contractors must utilize certified firms from the City's Equal Business Opportunity (EBO) register. To access our register of certified AABEs and FBEs go to: [www.atlantaga.gov/contractcompliance](http://www.atlantaga.gov/contractcompliance). Then click on the link for registry of certified firms.

88) Appendix A, Office of Contract Compliance Requirements, First Source Job Information and Agreement, Forms 4 and 5, pp.12-13: Is this procurement considered an "eligible project" as it relates to the First Source Job requirement, and are respondents required to complete Forms 4 and 5 to bid on FC-7936?

**Answer:** Yes, this project is considered an "eligible project" as it relates to the First Source Jobs Program requirements. All prime contractors are fully expected to adhere to the guidelines listed on Forms 4 and 5.

### **Risk Management Requirements (Appendix B) Questions**

89) Regarding Appendix B, #4, Notices of Cancellation & Renewals, would the City be amenable to the Contractor/Consultant providing the City with evidence of required insurance prior to the commencement of this agreement, and, thereafter, with a certificate evidencing renewals or changes to required policies of insurance within fifteen (15) days after the expiration of previously provided certificates. Insurance renewals are large and involve complex negotiations therefore there can be challenges with providing renewal certificates prior to expiration.

**Answer:** The insurance certificate must be provided before any work is performed and prior to the execution of an agreement. At the renewal phase, there

must be an active insurance certificate on file with the Office of Enterprise Risk Management, not after the renewal.

90) Appendix B, Section A.11 refers to “Task Orders”. Will the City please provide a definition/description of a Task Order?

**Answer:** At any given time the Office of Enterprise Risk Management may ask for a Task Order, which will allow the contractor to elaborate on any outstanding work.

91) Appendix B requests a Payment Bond but Form 8 states proposal bonds are not applicable, is the City looking for a payment bond to be included with the proposal submission?

**Answer:** Payment Bonds will need to be provided at the time of award.

92) Is the Payment Bond applicable? If not, do we still need to respond to Forms 4.1 and 4.2?

**Answer:** Yes, it is applicable. You do need to respond to Forms 4.1 and 4.2

93) Part I, page 2, #15 of the RFP Document states, “If this RFP requires the provision of a Payment Bond and/or Performance Bond, the city will review the information included in Form 5; Proof of Insurance and Bonding capacity. A Proponent must include with that form (a) notarized letter(s) from its proposed insurer(s) and surety(ies) indicating that the financial capacity of the proponent is such that the insurer(s)/surety(ies) is/are willing to issue insurance and Payment and Performance Bonds for the Proponent if an Agreement is awarded to it.” As the RFP also states that the Payment Bond and Performance Bonds are not applicable, do we still need to provide the notarized letters?

**Answer:** Per Section 9 of Part 1 of the solicitation document, a Proposal Guarantee is not applicable, and Form 8 of Part 4, Proposal Bond, is not required. However, Appendix B outlines the insurance and payment bonds associated with this solicitation. The Payment Bond will need to be submitted at the time of award. The City requests a notarized letter that the contractor/consults are Insurable and Bondable.

94) Section E of Appendix B states that a payment bond for 100% of the total contract value is required during the entire term. Please clarify if this means the 100% total value per year or for the entire three-year term, including renewal periods? How should proponents calculate the value (including all claims costs or just administrative fees)? Will the City stipulate the specific dollar amount of the bond? Please provide the preferred format for this payment bond. Also, if the proponent has significant financial stability, as evidenced on its financial statements, would the City waive the requirement for a payment bond because the cost of obtaining the bond must be factored into the underwriting and it may therefore result in the financial offer to the City being less favorable than it might otherwise be.



**Answer:** The Payment Bond will need to be submitted at 100% total value per year term. The City will not waive this requirement.

- 95) Part I, page 2, #15 of the RFP Document states, "...if this RFP requires a successful Proponent that is awarded an Agreement pursuant to this procurement to post some other type of performance guarantee (e.g. letter of credit, guaranty agreement, etc.) a Proponent must submit with its Proposal a notarized letter from an appropriate financial institution (e.g. bank) indicating that it is willing to issue such performance guarantee..." Do the Performance Guarantees requested in the RFP count towards this requirement?

**Answer:** A letter from a Bank stating the proponent will provide a letter of irrevocable credit from an A. M best rated company will suffice.

- 96) Regarding Section 2. Minimum Financial Security Requirements - *All companies providing insurance required by this Appendix B must meet certain minimum financial security requirements. These requirements must conform to the ratings published by A.M. Best & Co. in the current Best's Key Rating Guide – Property Casualty. The ratings for each company must be indicated on the documentation requirements set forth in this Appendix B and applicable to the agreement have been unconditionally satisfied.*

Our company has a wholly owned subsidiary of our company which is a captive insurance company that provides our General Liability, Professional Liability and Errors and Omissions coverage, is domiciled in Vermont and regulated by the Vermont Department of Insurance. The reserves are set by an independent actuarial firm and audited by an outside auditing firm and therefore the subsidiary is not rated by A. M. Best or any other rating company. Please confirm if this is acceptable or advise if we need to note this as a contract negotiation item.

**Answer:** The City does not accept Insurance policies/Bonding from Captive Insurance companies.

- 97) Regarding Section 8. Additional Insured Endorsements Form CG 20 26 07 04 or equivalent. *The City must be covered as Additional Insured under all insurance (except worker's compensation and professional liability) required by this Appendix B and such insurance must be primary with respect to the Additional Insured. Contractor/Consultant must submit to City an Additional Insured Endorsement evidencing City's rights as an Additional Insured for each policy of insurance under which it is required to be an additional insured pursuant to this Appendix B. Endorsement must not exclude the Additional Insured from Products – Completed. Operations coverage. The City shall not have liability for any premiums charged for such coverage.*

We can provide additional insured status to any certificate holder requesting it but in regards to General Liability Coverage only. Please confirm if this is acceptable or advise if we need to note this as a contract negotiation item.

**Answer:** This is acceptable.

- 98) Regarding Section 9. Mandatory Sub-Contractor/Consultant Compliance *Contractor/Consultant must require and ensure that all subcontractor/Consultants/sub consultants at all tiers to be sufficiently insured/bonded based on the scope of work performed under this agreement.*

All subcontractors or independent contractors are responsible for their own insurance coverage. Our company does not cover our sub-contractors or independent contractors under our insurance policies. However, our Business Units can require that their subcontractors have the same types and limits of coverage as required. Please confirm if this is acceptable or advise if we need to note this as a contract negotiation item.

**Answer:** Correct; all subcontractors/consults are responsible for /must have their own insurance coverage.

- 99) Regarding section C. Commercial Automobile Liability Insurance: *Contractor/Consultant must procure and maintain Automobile Liability Insurance in an amount not less than \$1,000,000 Bodily Injury and Property Damage combined single limit. The following indicated extensions of coverage must be provided:*

*Owned, Non-owned & Hired Vehicles*

*Waiver of Subrogation in favor of the City of Atlanta*

*If Contractor/Consultant does not own any automobiles in the corporate name, no owned vehicle coverage will apply and must be endorsed on either Contractor/Consultant's personal automobile policy or the Commercial General Liability coverage required under this appendix b.*

We do not cover sub-contractors or non-associates under our non-owned coverage, but the business unit can require that those sub-contractors add this endorsement to their personal auto policies. Please confirm this is acceptable or advise if we need to note this as a contract negotiation item.

**Answer:** This is acceptable.

- 100) Regarding Section D. Professional Liability Insurance: *Contractor/Consultant shall procure and maintain during the life of this contract Professional Liability Insurance in an amount of \$5,000,000 per occurrence and annual aggregate. The policy will fully address the Contractor/Consultant's professional services associated with the scope of work contained in this document. The policy will include at least a three year Extended Reporting Provision.*

Our Professional Liability coverage does cover all associates for E&O while in the scope of employment. It is an occurrence policy and therefore not subject to the 3 year reporting period requirement. Please confirm this is acceptable or advise if we need to note this as a contract negotiation item.

**Answer:** The Professional Liability policies must stay active for the term of any associated agreement with the City.

- 101) Please confirm that proponents may negotiate insurance and bond provisions with the City if a proponent is unable to comply with all requirements as stated in the RFP and proponent clearly and specifically identifies the modification requested in Attachment 16 to its proposal (as specified in Appendix E). Proponent understands that identifying a requested exception in Attachment 16 does not obligate the City to agree to such exception.

**Answer:** Any changes to the Appendix B insurance and bonding requirements must be done during the question and answer period of the RFP.

- 102) Form 4.1 seems to contemplate insurance that the proponent will need to obtain related to the services being procured. If a proponent already maintains sufficient insurance coverage and no new policies will need to be issued if the City business is awarded to the proponent, please confirm that a proponent may submit a current insurance certificate in lieu of completing Form 4.1.

**Answer:** All proponents must complete the form as a requirement of this process.

### **Scope of Services Questions**

- 103) Is the City of Atlanta on a calendar year, and if not what is the cycle?

**Answer:** The City of Atlanta benefit plan year runs from September 1 through August 31.

- 104) Can you bid on only part of the RFP, not the whole proposal?

**Answer:** Proponents are not required to bid on the whole proposal. Please respond to the services that your organization is interested in providing for the City.

- 105) Will the City be working with any external consultant firm through the RFP evaluation?

**Answer:** The City will be working with an external consultant firm for the purpose of reviewing proposals and conducting actuary analysis on the information submitted.

- 106) Are you able to provide the total number of active, eligible employees?

**Answer:** The City has approximately 7,500 active employees and 5,500 retirees on record. These numbers do not include their dependents.

- 107) What is the current benefits administration/enrollment system? What are their fees?

**Answer:** The City uses Oracle Benefit Module for benefit administration and enrollment. Oracle is the contracted vendor for the City's information system.

- 108) Please identify any fees, by line of coverage, that will be billed by the City of Atlanta to the insurance carriers for communication materials or other services.

**Answer:** Contracted insurance vendors are responsible for sharing in the cost of communication materials during the City's Open Enrollment process. The total cost for the communication materials is shared between contracted vendors.

- 109) I was wondering if the city would be open to considering a proposal for voluntary group legal services under the other voluntary benefits section of this RFP.

**Answer:** The City is currently seeking proposals for the services outlined in the scope of services. If there are value added benefits that would fall under the voluntary benefits section, proponents are encourage to include that information with their proposal.

- 110) I did not see a Guaranteed, Portable, Whole-Life product included in the Voluntary Section of the Scope of Work. Will this be added later as an Addendum?

**Answer:** The City currently only offers a group term life policy. If there are value added life insurance plans that would fall under the voluntary benefits section, proponents should submit that information with their proposal.

- 111) If you want to add additional benefits, how do you do that?

**Answer:** Proponents should include additional benefits or services with their proposal.

- 112) In regard to the contribution strategy, can we obtain the current arrangements? In addition, what plans would there be for steerage for future?

**Answer:** The City contributes 70% of the medical and dental plans for active employees and dependents and a percentage toward retiree and dependent coverage that depends on the retirement date. Retirees (A) hired prior to April 1, 1986 have 70% paid by the City, (B) hired on or after April 1, 1986 but (1) retired between September 2009 – August 31, 2010 60% paid by the City, or (2) retired September 2010 forward 50% paid by the City. Any changes to this contribution strategy will require legislative action.

- 113) What services are being delivered at the City of Atlanta Wellness Center on the top floor of the main administration building?

**Answer:** Employee Fitness Center and Employee Health Center that is staffed by Atlanta Fire & Rescue with limited medical services

- 114) Please confirm if there will be separate Service Agreements for each product being proposed.

**Answer:** A service agreement will be required for each product.

- 115) Will reference letters be required for each member of the Account Management team, or only references on a company level? Or both?

**Answer:** Reference letters will be required at the company level.

- 116) Please clarify if you would prefer one set of rates that applies to both active and retirees or if you would prefer two sets of rates, even if the rates are the same.

**Answer:** The City would prefer to have the rates provided based on the product and in cases where it requires separate rate for active and retired employees, please submit them separately, and in cases where the rates are the same, please submit one applicable rate.

- 117) Census file – the census file does not appear to have all the necessary fields. We would need the following by employee: enrollment for each offering (medical, dental and vision) which is inclusive of tiering (single, family, etc.) as well as plan election if multiple plans are offered. Can an updated file be provided? Also, does this file contain all “eligible” or solely “enrolled” only?

**Answer:** The Census file provides enrollment data for Active and Retired employee only. It does reflect enrollment options under the “Option Name” section of the file. The City offers four tiers for Active and Retired employees with the same basic enrollment options for medical, dental, vision and life insurance. The amount of coverage on life insurance changes from active employment to retirement. Retirees do not have the option to enroll in supplemental life insurance and voluntary benefits. No additional file can be provided at this time.

- 118) Exhibit A, Section V in the [RFP] lists a Call Answering Time (Average of 30 Seconds) while Exhibit E #33 details a Member service telephone response time guarantee (90% in 30 seconds (not an average). Please confirm what type of guarantee you are looking for, an Average Speed of Answer, or a Telephone Speed of Answer?

**Answer:** Average Speed of Answer.

- 119) Exhibit A, Section V, c in the [RFP] is titled Satisfaction Survey, however the measurement criteria stated the result is based on member service call answer statistics. Please confirm whether you are looking for a Member Satisfaction survey with this guarantee. If so, our company uses methodology more closely aligns with the request in Exhibit E #33, Member Satisfaction with retail, mail order, and specialty program, can we base our response on that methodology?

**Answer:** The City has historically worked with the contracted vendor to review member satisfaction survey results annual based on a mutually agreed survey questionnaire. Member Satisfaction Survey results are metrics are typically developed based on applicable standards for specific products.

- 120) Exhibit A, Section V, k Communications Material Accuracy. Can you please provide a list of communications that would be included in this guarantee? Can you also provide a definition of accuracy as it relates to the communication materials?

**Answer:** Communication materials will include the SPD, ID Cards, Member information and other marketing materials related to the benefit plan and how it will be administered.

- 121) The Scope of Services IV. states: "Your rates and fees must include your cost to develop, print and disseminate to all employees, retirees and providers, communication materials necessary to effectively implement and manage the benefit programs for the City. This communication material shall be subject to the City's advance approval. The cost to produce and mail member ID cards, replacement cards certificates directly to plan member's homes. All options for which you quote must be all inclusive, meaning, all necessary reports, any start-up rates and the cost of performing prior authorization services, ID cards, medical management programs, etc. must be included. No pass-through of costs will be permitted."

For a new Proponent, it is difficult to estimate the volume of activity and materials needed for each account (e.g. communication materials, replacement cards, prior authorizations, etc). Appendix E-1 requests fees that are not included in the administrative fees. Would it be acceptable to have some fees such as prior authorization be a pass-through charge? Otherwise, please provide the past annual number of prior authorizations, appeals, replacement ID cards, and communications necessary to manage the benefit program beyond the annual distribution of materials to enrolled members.

**Answer:** Proponent should make best estimate on the volume of activity and materials needed based on the current census data and the cost typically associated with plan administration for an account this size.

- 122) Please identify any fees, by line of coverage, that will be billed by the City of Atlanta to the insurance carriers for communication materials or other services.

**Answer:** Contracted insurance vendors are responsible for sharing in the cost of communication materials during the City's Open Enrollment process. This total cost for the communication materials is shared between contracted vendors.

- 123) In the Scope of Services, Page 6 in the Performance Guarantee section, please clarify the PG titled Administration of Non-Network Claims. The PG described does not match the title, is there another PG that was to be included?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

- 124) Member Satisfaction Survey is 98% using the City's custom survey. Can we get a sample so we can gauge those metrics on the survey more specifically?

**Answer:** The City has historically worked with the contracted vendor to review member satisfaction survey results annual based on a mutually agreed survey questionnaire. Member Satisfaction Survey results are metrics are typically developed based on applicable standards for specific products.

- 125) Regarding the noted service performance guarantees in the Scope of Services (Exhibit A) – the City notes very specific language for performance guarantees. If a Proponent can't structure the guarantee exactly as outlined – but can offer an alternative guarantee or language that essentially offers a reasonable measure or alternative – is there some liberty to offer an alternative to the exact requested metric?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

- 126) Will the City of Atlanta accept Customer Service Performance Guarantees based on a carrier's Book of Business as opposed to Customer Specific metrics? Given the volume of activity that the City's employees are likely to generate through this RFP we don't believe that there is enough statistical volume to support PGs on a Customer specific level. Additionally, if the City were to agree to Performance Guarantees on a Book of Business level we believe there would be considerable savings that could be passed to the City and its employees.

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee. The City will be willing to review Customer Service Performance based on the carrier's book of business as long as the guarantees can address specific requirements outlined in the City's request and there are identifiable services levels specific to the City membership and customer service.

- 127) Is the City willing to accept recommended performance guarantees in lieu of those provided? Our performance guarantees exceed those requested in some areas.

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

- 128) Can you confirm that the Performance Guarantees listed in Section V of Exhibit A Scope of Services would only be for the Medical Carrier or stand-alone PBM (and not other coverages)?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

- 129) Is the City of Atlanta requesting an implementation credit?

**Answer:** No.

- 130) Would you like a quote for COBRA administrative services?

**Answer:** Yes. The City currently administers its own COBRA with the carriers and would be willing to review quotes for COBRA administration.

- 131) Is the City of Atlanta assuming the cost for a third party vendor to perform the pre-implementation audit requested in FC 7936? If not, what dollar amount is expected?

**Answer:** Yes. The City is currently prepared to cover the cost for the pre-implementation audit, but would be willing to review proposals from prospective vendors who may want to offer the audit services as a value added benefit.

- 132) How much Pre-Implementation Audit credit is requested by City of Atlanta?

**Answer:** None.

- 133) Can the dedicated toll-free telephone line be manned by voicemail after hours?

**Answer:** Yes, for non-emergency related issues or concerns, instructions must be provided for how to handle urgent and emergency related problems after hours. Secondly, if the customer related issue is of an administrative nature, process and procedures must be in place to provide a response the next business day.



- 134) Exhibit A: Scope of Services, Section IV Additional Service Requirements, subsection (b) Plan Member Communication Materials, requires the proponent to bear the cost of preparation and distribution of any communication materials. Does this mean as a proponent, we are to provide booklets and distribute to each individual plan member, or just to the City, for further distribution?

**Answer:** This intent for this requirement is that the contracted vendor be responsible for cost of preparation and distribution on any plan-specific communication regarding their benefit plan design (i.e SPD, Benefit Certificate) to the individual plan member. As indicated in the RFP, contracted vendors will be responsible for covering a shared percentage of the printed communication costs during the City's Open Enrollment process.

- 135) Exhibit A: Scope of Services, Section IV Additional Service Requirements, subsection (c) Member ID Cards, requires production and distribution of plastic member ID cards with all applicable information. Does this apply to a dental-only administrator?

**Answer:** Yes.

- 136) Exhibit A: Scope of Services, Section IV Additional Service Requirements, subsection (d) Telephone Service Requirements, requires the maximum period of time a call may be placed on hold or wait in a queue should not exceed three (3) minutes, the average answer time should be 30 seconds or less, and the average abandonment rate should be no greater than 3% of all calls received. If the above performance goals are not met, the Insurer/PBM/TPA will be required to add additional staff, as necessary, to meet the required standards. Does this apply to a dental-only administrator?

**Answer:** Yes.

- 137) Pursuant to Exhibit A, Scope of Services, Section III, General Plan Administration Requirements, #1 and #2, the City is requesting a dedicated service team and dedicated member service team. In Section IV, (e) Account Executive (AE) Requirements, the provision specifies that the AE will service no more than 3 large customers (including the City) at any given time. Therefore, is it acceptable that we offer our service team and member service team whose primary responsibility is to support the City, but as needed, would have secondary and tertiary responsibility for other customers or products within the team.

**Answer:** This recommendation would be acceptable in circumstances where the City has a dedicated service team that would be accountable and accessible.

- 138) RFP Part 2, Section 3.2.2 (Key Personnel/Resumes) lists three roles to be included in the account team. Can the City please provide some detail as to what they expect from each role so that Proponent can match these roles up appropriately to the job titles we utilize?

**Answer:** The City will allow contracted vendor to define the roles of their account management team. It has been our experience that contracted vendors typically have someone to function as an Account Director responsible for strategic planning and total account management, an Account Manager to manage the day-to-day account management, and someone to serve as a Customer Service liaison between the City and the vendor.

- 139) Will reference letters be required for each member of the Account Management team, or only references on a company level? Or both?

**Answer:** Company level references should be sufficient.

- 140) Exhibit A: Scope of Services, Section IV Additional Service Requirements, subsection (e) Account Executive (AE) Requirements, requires The Insurer/PBM/TPA shall provide an experienced AE and at least one (1) back-up staff member to handle the overall responsibility of the City program. The individual who serves as AE must be experienced in working with large accounts (5,000+ employees). Additionally, this representative must assist with program implementation and ongoing account support and must not be an AE to more than 3 larger employer accounts including the City (i.e., the AE can only represent two other account in addition to the City). The AE does not need to have a clinical background; however, access to a clinical representative must be apparent in the team you organize for the City.

Does this apply for a dental-only plan administrator?

**Answer:** Yes.

- 141) Please clarify/confirm how many audited financial statements are required. Questionnaire Section 1/General Background, Question #2 states to provide most recent 2 fiscal years audited financial statements. Appendix E instructions state to provide most recent 3 fiscal years audited financial statements.

**Answer:** Please provide statements for the past 3 fiscal years.

- 142) Appendix E, B. Attachments, #3 asks for audited financial statements for the most recent three fiscal years. Section A of the questionnaire, question #20, asks for audited financial statements for the most recent 2 fiscal years. Please confirm that you would like us to include our audited financial statements for the most recent three fiscal years as Attachment #3 of our proposal.

**Answer:** Please provide statements for the past 3 fiscal years.

- 143) Please clarify/confirm references required. Appendix E, Section B/Attachments, Question #14 regarding Insurer/PBM/TPA References – Is this the same or separate/in addition to Form 7/Reference List which is part of the Required Submittal Forms? RFP states to Place Form 7 in Informational Proposal, Volume II. Do we need to provide both Form 7/Reference List as instructed as well as answer Question 14 on references?

**Answer:** Please see Response #40.

- 144) Scope of Services (Exhibit A) also notes that "proposal should include Grady Hospital as a provider". We understand that "should" doesn't mean the same as "must" – but need to understand if this is a requirement under the scope of services or not?

**Answer:** Grady Hospital must be included in the network as a contract provider for City of Atlanta employees/retirees. The contractual relationship between the proponent and Grady may be specific for COA members or may be available for all of the proponent's membership.

- 145) How long have the medical contracts been in force with Blue Cross and Kaiser?

**Answer:** The City of Atlanta medical contracts with BCBS and Kaiser have been in force for various medical products for over 20 years. The City has also had medical contracts with United Health Care and Aetna Healthcare during that period of time.

- 146) Appendix E-3 Claims, Enrollment – for Kaiser Active and Kaiser Early Retiree data, please provide large claims information corresponding to each 12 month experience period. Please use \$150,000 as the large claims level.

**Answer:** Data unavailable at this time, please use information provided on large claims for your response.

- 147) [Medical] What are the current BCBS fees (e.g., administration, utilization management, wellness, etc.?)

**Answer:** ASO Fee: \$33.04; Capitation Fee: \$27.50.

- 148) [Medical] What is the current reinsurance rate and is the current level \$250,000? Please provide a copy of the current reinsurance contract.

**Answer:** Current reinsurance rate is \$45.68 with a \$250,000 level. Copy of current reinsurance contract is not available for distribution.

- 149) [Medical] Section P, Question 3: is the intent to measure the in-network discount (1 – allowed claims divided by covered claims) or the paid-to-allowed ratio (where allowed = member liability + plan liability)?

**Answer:** The City preference is to receive both in your response; however, at a minimum, we will need the paid-to-allowed ratio.

- 150) In the General and Medical Questionnaire, section H. Claims Administration and Eligibility, question #14 asks if we have “a current City of Atlanta administering a COB program with measured savings.” Can you please clarify this question?

**Answer:** The City of Atlanta currently administers its own COB, but is interested in receiving proposals from proponents that may include COB administration with potential savings.

- 151) Please confirm if the claims experience is inclusive of claims over the individual stop loss amount. What is the current individual stop loss amount? Who is the current Stop Loss Administrator?

**Answer:** The current individual stop loss amount is \$250,000 and is being administered by the contracted vendor.

- 152) With regard to the out-of-pocket maximum, on or after January 1, 2015 plans will have two options to maintain compliance with Health Care Reform. Is it your intent to:

- a. Integrate medical and pharmacy Out of Pocket (OOP) maximum that does not exceed the statutory limit? And expect Aetna to maintain an integrated OOP maximum for those plans? Or,
- b. Non-integrate medical and pharmacy OOP maximums that collectively do not exceed the statutory limit and offer plans that contain separate medical and pharmacy OOP maximums? If the pharmacy benefits for the proposed medical plans would not be administered by us, we could not ensure that your plans meet the OOP maximum limit requirements.

**Answer:** It is the City’s intention to remain in compliance with the Health Care Reform Act and would expect the selected medical vendors to manage the OOP maximums if medical and pharmacy is combined or if they are separated, the City would request the contracted vendors to develop a process to capture this information.

- 153) I. General and Medical Questionnaire, A. General Background, Question #7 – the table asks for “Covered contracts (including all networks) for 3 years prior (average monthly), 1 year prior (average monthly), and current (as of 1/1/2014).” This table also requests the “Number of group plans currently administered (as of 1/1/2014).” Please define “covered contracts” and how this differs from “number of group plans”. Please also confirm that you would like most current statistics available (as opposed to 1/1/14).

**Answer:** Please provide the total number of group plans currently under contract with your organization. The City would prefer to receive the most current statistics available.

- 154) For the Medical Geo Access Report Grid (Item L.12), are we to combine the Hospital and Physician results, or show them separately (i.e. the criteria for meeting the access standards)?

**Answer:** Hospital and Physician results for Geo Access should be separated and will be reviewed separately.

- 155) Please indicate if any Medical benefit plan changes were made at the most recent renewal. If changes were made, please detail the benefit changes or provide benefit summaries for the previous plan year.

**Answer:** The City introduced a HDHP for active employees. Please refer to both the Active and Retiree Enrollment Guides for other minor plan changes.

- 156) Please indicate if the Medical claims experience is on a paid or incurred basis.

**Answer:** The data provided is on a paid basis; however, the City does receive IBNR reports from contracted vendors.

- 157) Are your Medical plans currently grandfathered?

**Answer:** No.

- 158) Please provide utilization information by provider for both hospital and Physician claims for the top 25 providers for each category. If possible, we would like the hospital claims broken out by Inpatient, Outpatient, and ER.

**Answer:** Additional utilization data has not been requested at this time. Please use claims data provided.

- 159) Please confirm how pharmacy rebates are currently handled.

**Answer:** The City receives 100% of the collected rebate revenue.

- 160) Medical Re-pricing Questions:

- a. In review of the Required Submittal Forms file and the Appendix E Questionnaire File, we are not seeing any mention of any medical re-pricing requirements nor do we see any tables or sections within the Appendix E. If a re-price is requested, please provide the template to be used or if you will be requesting a line-by-line re-price. NOTE in order to release a line-by-line re-pricing, Cigna will require the City (or your consultant) to sign a Non-Disclosure Agreement before the detail data can be released. This form has been provided for your convenience in completing and returning to us if applicable.
- b. The member zip code is blank and there is no member number to tie the zip from the census to the claims. Therefore the provider zip will be used for 3-Digit Zip re-pricing.

**Answer:** Please reference Appendix E-5 and Appendix E-3a for guidelines regarding the re-pricing medical claims and the provider 3-digit zip re-pricing.

- 161) Please confirm the Medicare products that you wish to have quoted. Medicare Advantage with Part D or without Part D?

**Answer:** Medicare Advantage with Part D.

- 162) Appendix E, Part II, Section 60 (pages 90-91) refers to Medicare Part D. Does the City currently collect the RDS subsidy?

**Answer:** No.

- 163) Please include a 'Medicare eligible?' or 'Disabled?' indicator on the census so Medicare eligible pre-65 disabled retirees can be distinguished from pre-65 retirees who are not disabled and Medicare eligible.

**Answer:** This information is not available at this time. The City of Atlanta did not contribute to Medicare until 1986. Employees hired prior to 1986 may have obtained Medicare eligibility through another employer or through their spouse. Date of hire is listed on the census data. The eligible data for pre-65 disabled retirees is available from the census data and the plan selection assigned to those on the retiree census under the age of 65.

- 164) Please include a 'Part B Only?' indicator on the census to separate those members who have Medicare Parts A & B from those who have only Part B.

**Answer:** This information is not available at this time. The City of Atlanta did not contribute to Medicare until 1986. Employees hired prior to 1986 may have obtained Medicare eligibility through another employer or through their spouse. Date of hire is listed on the census data. The eligible data for pre-65 disabled retirees is available from the census data and the plan selection assigned to those on the retiree census under the age of 65

- 165) [Medicare Advantage] It appears that City of Atlanta is currently on a non-calendar year plan running from October through September. Please confirm if this is accurate.

**Answer:** Confirmed. The City's benefit plan year is on a non-calendar year for September 1 through August 31.

- a. If the above is true, is the city wanting to remain on a non-calendar year plan or move to a calendar year offering. Please note that per CMS regulations, non-calendar year plans are not eligible for reinsurance on Part D plans, thus calendar year plans will inherently have a lower premium.

**Answer:** The City will remain on a non-calendar year plan at this time and is aware of the CMS regulations.

- 166) The City of Atlanta currently offers multiple plan options to its Medicare eligible retirees. Would the city consider offering a single carrier/plan to all retirees?

**Answer:** The City will consider these options when reviewing the proposals submitted for Medicare Advantage Plans.

- 167) A large percentage of Medicare eligible retirees are currently enrolled in the UHC Medicare Advantage PPO plan. However, claims information for this plan was not included with the attachments. Please provide the below claims information for the UHC Medicare Advantage plan:

- a. Most recent 24 months of incurred MA medical claims. Please also indicate the paid through date of the data.

**Answer:** Data not available for MA medical claims.

- b. Most recent 24 months of incurred Part D Rx claims. Please note if Rx claims are net or gross of rebates.

**Answer:** Data not available for MA medical claims.

- c. Most recent available MMR (monthly membership report) and MOR (model output report) reports.

**Answer:** Data not available.

- d. Current MA population risk score for both medical and Rx. Please note the month of the risk score and if it is paid or accrued. If accrued, please note if it includes mid-year or final payments.

**Answer:** Data not available for MA medical claims.

- 168) The Kaiser claims data submitted appears to be a combination of both the Kaiser HMO Senior Advantage plan and the Kaiser Permanente HMO based on the enrollment in the claims file and the combined membership for both plans on the census. Per 'Appendix E-7 Retired Enrollment Guide 2014-15', Medicare eligible retirees are only allowed to enroll in either the UHC Medicare Advantage PPO or the Kaiser HMO Senior Advantage. Please provide revised claims data that separates the two Kaiser plans. Please provide the same data as requested from the UHC plan in question 5 above.

**Answer:** Data not available at this time.

- 169) We would like to review Medicare Advantage claims data, are you able to provide?

**Answer:** Data not available for MA medical claims.

- 170) [Medicare Advantage] Are there any benefit changes for any of the retiree plan options from 2013, 2014 or 2015?

**Answer:** No.

- 171) [Medicare Advantage] Please confirm if the drug formulary cover multisource drugs (these are drugs that would have a brand and a generic equivalent listed on the formulary)?

**Answer:** Confirmed.

- 172) Please provide a copy of the full prescription drug formulary guide from the UHC MAPD plan?

**Answer:** Data not available.

- 173) Please provide number of network pharmacies within the UHC MAPD plan?

**Answer:** Data not available.

- 174) If a vendor is providing a quote for both medical and Medicare Advantage plans, is it your intention that the I. General and Medical Questionnaire section should be responded to for both coverages? Or should we be providing a response to this section for the medical plan only?

**Answer:** The general and medical questionnaire section should be completed for both products if the vendor wants to be considered for both Medical and Medicare Advantage.

- 175) Regarding Exhibit A-1 Cost Proposal, for the UHC Medicare Advantage rates requested for tiers Retiree + Child(ren) and Retiree + Family, what plan are the non-eligible family members enrolled in? Our proposed Medicare Advantage rates will only apply to eligible Medicare Advantage members.

**Answer:** Non-Medicare Advantage family members are currently enrolled in the City's POS medical plan. The City clearly understands that most Medicare Advantage rates only apply to eligible Medicare Advantage members.

- 176) If available, please provide CMS risk score and revenue information for Medicare Advantage plans

**Answer:** Data not available.



177) Please provide a Rx claim file for all Medicare retirees including:

- a. Unique Member ID
- b. Pharmacy ID
- c. NDC-11
- d. AWP
- e. Dispense Date
- f. Retail vs. Mail indicator
- g. Days supply
- h. Quantity or Units Dispensed
- i. Duplicate records and originals/reversals should be removed
- j. Tier
- k. Low Income Status (Yes/No indicator)

**Answer:** Data not available.

178) If available, please provide a second file that contains member level information:

- a. Member ID
- b. Risk Score
- c. DD/MM/YYYY of risk score
- d. Zip code

**Answer:** Data not available.

179) [Medicare Advantage] Can you please provide the retiree claims experience for the current incumbents (United, Kaiser)

**Answer:** Data not available for MA medical claims.

180) The retiree census is missing zip codes for almost 200 members. Since pricing is based on a retiree's home zip code, please provide an updated census complete with zip codes for all eligible Medicare members.

**Answer:** The vast majority of the missing zip codes are in the Metro Atlanta Area and your Medicare member pricing for that area should cover the zip codes not listed.

- 181) Please provide an updated census with an identifier for those retirees that are Part B only eligible

**Answer:** This information is not available at this time. The City of Atlanta did not contribute to Medicare until 1986. Employees hired prior to 1986 may have obtained Medicare eligibility through another employer or through their spouse. Date of hire is listed on the census data. The eligible data for pre-65 disabled retirees is available from the census data and the plan selection assigned to those on the retiree census under the age of 65.

- 182) If possible, please provide detailed Rx claims for the UHC Medicare Advantage PPO and Kaiser HMO Senior Advantage plans. Please include the information from the above attachment.

**Answer:** Data not available.

- 183) In 2013, was the manufacturers discount on the Part D Rx plan adjudicated on member cost or allowed cost?

**Answer:** Allowed cost.

- 184) For Medicare Advantage plans, a significant portion of total premium is covered by CMS. The amount that CMS will cover is adjusted annually through their Rate Book and the changes can be very impactful.

CMS will release a 45-day notice highlighting some of the 2016 changes on February 20th, 2015, with the final Rate Book not being released until April 6th. Because of the timing and complexity of the 45-day notice and Rate Book, it is not feasible to incorporate any of the pending changes into premiums by the February 25th RFP due date. With this in mind, will the City of Atlanta consider either:

- a. Extend the final RFP due date for financials until mid-April. This will allow time for the final Rate Book to be fully analyzed and incorporated into premium information, which will produce the most accurate results, or
- b. Allow for submission of 'illustrative only' rates by the February 25th deadline, with firm rates presented after the release of the Rate Book.

**Answer:** The City is not willing to extend the due date until Mid-April. The City will allow submission of illustrative only rates until the release of the Rate Book.

- 185) Section L – Network asks for the number of hospitals and also GEO access reports for hospitals and physicians. Please confirm for the Medicare Advantage Network disruption, if this would this be just for the Atlanta MSA or the broader area covering the census?

**Answer:** The HMO Medicare Advantage Network is just for the Atlanta MSA and the PPO Network coverage area is nationally based on retirees residing outside of the Atlanta MSA.

- 186) Is CMS risk score or revenue information forthcoming for your incumbent MAPD vendors?

**Answer:** Data not available.

- 187) Can you identify your Medicare eligible members with Part A and without Part B, without Part A and with Part B and those with both Part A and Part B?

**Answer:** This information is not available at this time. The City of Atlanta did not contribute to Medicare until 1986. Employees hired prior to 1986 may have obtained Medicare eligibility through another employer or through their spouse. Date of hire is listed on the census data. The eligible data for pre-65 disabled retirees is available from the census data and the plan selection assigned to those on the retiree census under the age of 65.

- 188) [Medicare] Are there any Extra Covered drugs included in the formulary? Are there drugs that are excluded? May we get a list of those drugs?

**Answer:** Data not available.

- 189) [Medicare] Are you able to provide a copy of the drug formulary?

**Answer:** Data not available.

- 190) Exhibit A, I, Background: Please confirm the pharmacy benefit plan applies to non-Medicare lives only.

**Answer:** Confirmed.

- 191) [Post 65] Does the City wish to have carriers provide an EGWP Part D Rx plan for the Medicare-eligible retiree population?

**Answer:** Yes.

- 192) [Post 65] Page 4 of the Scope of Services section refers to acquiring claims reports. Does this apply to the fully insured Medicare plans?

**Answer:** Yes, the City would like Medicare Advantage vendors to provide whatever claims data that can be shared under CMS Guidelines.

- 193) [Post 65] Can you explain what type of network access should be provided to retirees overseas as mentioned on Page 4 in the Scope of Services section? Does this refer to emergency services only?

**Answer:** Yes.

- 194) [Post 65] Do the Performance Guarantees listed refer also to the Medicare-eligible population and plans?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee. The performance guarantees will apply in categories that are applicable for plans administered under CMS guidelines.

- 195) [Post 65] Would the City be interested in non-Medicare Advantage retiree plans as well?

**Answer:** Yes.

- 196) Geo Access Questions:

- a. Section L, Question 12, page 33 of Appendix E-1 and similar questions throughout the document request Physicians 2in8 – Should we provide separate results for Primary Care Physicians and Specialists?

**Answer:** Yes.

- b. Section L, Question 13, page 33 of Appendix E-1 asks for Cigna standard access standards – is this just for informational purposes or should we include reports based on Cigna standards?

**Answer:** This is for both informational purposes and using the CIGNA standards as a guideline.

- c. Section L, Question 12, page 33 of Appendix E-1 provided access standard for Rx is 2in8 while further in the document (Section II Pharmacy PBM, page 98) asks for USR breakout. Are we to provide 2 sets of reports - for All Employees and separate for Urban, Suburban and Rural Employees that match each table?

**Answer:** Confirmed.

- d. Section II Pharmacy PBM, page 98 of Appendix E-1 – Can you confirm the parameters requested in the tables for Rx are for 1 pharmacy within the indicated mileage for Urban (1in1.5), Suburban (1in3) and Rural (1in10)?

**Answer:** Confirmed.

- e. Are all of the geo reports and results to be provided based on Driving Distance or only where indicated?

**Answer:** Driving distance.

- 197) Exhibit A, II, Specifications for Coverages Solicited, B.i-ii, p.3: Are pharmacy benefit vendors expected to provide an offer that both includes and excludes CDHP members?

**Answer:** Yes.

- 198) Exhibit A, III, General Plan Administration Requirements, #9, p.4: Does the City consider "Centers of Excellence" limited to specialty medications and disease states? Please provide an example of a Center of Excellence.

**Answer:** Yes the City considers "Centers of Excellence" limited to primarily disease states such as cancer centers, organ transplant center and national recognized medical facilities that provide highly specialized care.

- 199) Appendix E-9, Summary Plan Designs: Will City of Atlanta provide a listing of clinical programs in that are currently in place for the pharmacy benefit?

**Answer:** Clinical programs information available upon request from the City's Employee Benefits Division.

- 200) It appears the pharmacy is currently carved out of medical. Is this correct and if so, who is the current pharmacy vendor?

**Answer:** Medical and pharmacy benefits are combined and administered through the contracted medical vendor.

- 201)The RFP indicates that Key Personnel must have 7 years' experience in employee benefits in the past 10 years. For a PBM, is the Account Executive the Key Personnel that must meet this requirement?

**Answer:** Yes.

- 202)Item #58 in the Pharmacy refers to a Hold Harmless Worksheet in Appendix D. However, we are unable to locate this worksheet. Can the City provide this, or would this not be applicable?

**Answer:** Hold Harmless worksheet is not applicable.

- 203)For the retail 90 network quotation, will the City entertain a limited network, or do you require a broader network?

**Answer:** Please submit all proposals for the pharmacy network that you think will be beneficial for the City of Atlanta and its employees/retirees/dependents.

204) For rebate guarantees, will the City entertain a more limited formulary with non-preferred product exclusions?

**Answer:** Please submit all proposals for pharmacy rebate guarantees that you think will be beneficial for the City of Atlanta and its employees/retirees/dependents.

205) Does the City currently cover OTC's, bioidentical hormones, etc.?

**Answer:** No.

206) Can we obtain a copy of the current drug formulary, including current edits such as step-therapy, quantity limits, exclusions, and such?

**Answer:** Please see Attachment 2 of this Addendum.

207) Item #61 of the Pharmacy Worksheet refers to an "Officers Statement" form in Appendix E. However, we are unable to locate this worksheet. Can the City provide, or would this not be applicable?

**Answer:** Not applicable.

208) Can you confirm that the GEO Access measurement under the first block # 66 of the pharmacy proposal should be Urban (1.5 M)? It is currently blank.

**Answer:** Confirmed.

209) Are there any current service issues with the City's current PBM?

**Answer:** The medical and pharmacy benefits are combined and the City uses the contracted vendor's PBM.

210) We need current plan designs. Do they have retail 90 or mandatory mail programs?

**Answer:** Current pharmacy plan designs for both active and retired employees are included in the enrollment guide plan design comparison sheet. There is a retail 90 day design and a mandatory mail order for certain specialty drugs.

211) Do they have any on site pharmacies? Do they qualify for 340B at those pharmacies.

**Answer:** No on site pharmacies at this time.

212) Can the City share current discounts and rebate contracts under the BCBS PBM?

**Answer:** The City receives 100% of collected rebate revenues.

213)A file labeled “Appendix E-3a BCBS Claims Repricing.accdb” was included, and we were unable to find any instructions or additional information about it. Is this being provided for reference only, or is an actual repricing of the file required? If so, would a summary of the repricing suffice? If a detailed repricing file is required, would the City sign a Non-Disclosure Agreement?

**Answer:** The information that was provided is actual re-pricing data and should be used as a reference. The City and its contracted Consultant would be willing to sign a Non-Disclosure Agreement if required.

214)Is the City requesting a re-pricing of Rx claims? If so, we will need a current data file in order to re-price? A signed Non-Disclosure Agreement will be required in order for our company to release any detailed line-by-line re-pricing data. We have provided our form for your convenience in completing and returning to us if applicable.

**Answer:** The City and its contracted Consultant would be willing to sign a Non-Disclosure Agreement if required. The City is requesting re-pricing data for Rx claims. See Attachment No. 7 of this Addendum for pharmacy data.

215)We are in need month by month utilization with the membership. I have attached the preferred format. ATTACHMENT 3 We are looking for is a data file that includes the following ideally:

- a. \* 6-12 months of recent claim data
- b. \* NDC 11 format
- c. \* fill date
- d. \* days of therapy
- e. \* mail/retail indicator
- f. \* brand/generic indicator.
- g. Pharmacy utilization is required in order for a guaranteed quote on the table. Quotes released will be illustrative based on the standard PDL only without this data. We must receive detail in order to project VPDL rebates.

**Answer:** See Attachment No. 7 of this Addendum for pharmacy data.

216)Pharmacy Specialty Drug List Requirement: A signed Non-Disclosure Agreement will be required in order for Cigna to release our Specialty Drug List. We have provided our form for your convenience in completing and returning to us if applicable.

**Answer:** The City and its contracted Consultant would be willing to sign a Non-Disclosure Agreement if required. Pharmacy Specialty Drug list should be included with vendors seeking to offer medical plans for the City. See Attachment No. 7 of this Addendum for pharmacy data.

217) Who is currently providing pharmacy benefit management service to the City?

**Answer:** Medical and pharmacy benefits are combined and administered through the contracted medical vendor.

218) Is the City looking for pricing guarantee for Active lives, Total lives, EGWP for retirees or RDS for retirees?

**Answer:** Pricing guarantee for Active and Non-Medicare Eligible Retirees and EGWP for Medicare eligible retirees.

219) Is there a mail incentive program in place? If so, how many grace fills are allowed at retail before maintenance drugs are required to be filled at mail?

**Answer:** 2x times retail copay for a 90 supply.

220) How are specialty drug claims filled? Can members fill scripts at retail or is there a requirement to fill through mail? If required to fill through mail, how many grace fills are allowed?

**Answer:** Specialty drugs in the City's self-funded plan must be filled through mail order.

221) [Pharmacy] Please provide the number of prescription Prior Authorization reviews and number of prescription Appeals/Grievances done in the past 12 months.

**Answer:** See Attachment No. 7 of this Addendum for pharmacy data.

222) [Pharmacy] When it comes to savings vs. member disruption, what is the plan's desire for savings at the risk of member disruption? Please use scale of 1-10, where Savings is 10 and no member disruption is 1.

**Answer:** The City will analyze both the financial impact and the member disruption impact, it is our desire to review and make our decision on plan design that has a win-win outcome for both. If the financial savings are significant enough to offset some minor disruption, we would go with the savings and continue to offer some type of value added benefit for the member. If financial savings are extremely small and the member disruptions are significant, the City would have to review the case in its totality and make a decision.

223) What is the grandfather status for the plan design(s) under Health Care Reform?

**Answer:** Not grandfathered under Health Care Reform.

224) Does the Plan follow ERISA?

**Answer:** No.



225)RFP indicates the contract term is 1 year with 2 one-year options to renew. Appendix E-1 pharmacy Questionnaire pg 53 #23 indicates bidders should assume a 36 month term, which is more common. Please confirm that PBM bidders should assume a 36 month term.

**Answer:** The contract terms for insurance vendors have historically been for 36 months including the annual renewal. The City and contracted vendors reserve the right to not renew an agreement during the 2 one-year renewal options.

226)Should PBMs assume all employees (and their dependents) would be under a self-insured carve out contract, including members currently enrolled in the Humana and Kaiser plans?

**Answer:** The City currently offers both a self-insured plan (BCBS) and fully-insured plan (Kaiser HMO). The assumption would be for the employees and their dependents under the self-insured contracts to be enrolled in a PBM carve out contract. Humana only offers dental plans to COA members.

227)The census suggests the approximate enrollment below for Actives in medical benefits. Can you confirm about how many employees and dependents are enrolled in pharmacy benefits?

- a. BCBS PPO or POS: **3,936**
- b. Kaiser: **2,730**
- c. Humana: **1,032 - DENTAL ONLY**

**Answer:** The Census report reflects the number of employees/retirees only. Subscriber enrollment numbers are available under each vendor data report in Appendix E-3.

228)The census suggests the approximate enrollment below for Retirees in medical benefits. Can you confirm about how many retirees and dependents should bidders assume will be enrolled in carved out pharmacy benefits for 9/1/15?

- a. BCBS PPO: **96**
- b. BCBS POS: **1,707**
- c. Kaiser: **1,675**
- d. Humana: **462 - DENTAL ONLY**
- e. UHC Medicare Advantage: **1,526**

**Answer:** The Census report reflects the number of employees/retirees only. Subscriber enrollment numbers are available under each vendor data report in Appendix E-3.

229)Regarding the High Deductible Health plan:

- a. How many employees and dependents are currently enrolled?

**Answer:** 90 active employees.

- b. What is the expected enrollment in the next 1-3 years?

**Answer:** 15 - 20%.

- c. Please provide more details on how the deductibles and out of pocket maximums are currently managed between medical and pharmacy (real time, batch, debit card, etc).

**Answer:** Contracted vendors are managing the medical and pharmacy out of pocket maximums for HDHP, since the two are combined.

- d. Who is the bank custodian if utilized for a debit card?

**Answer:** Contracted vendors have their own banking relationships for the HDHP.

- e. For the Anthem exchange, please provide the following information:

- i. What medical claims platform is used (e.g. NASCO, WGS, other?)

- ii. Is the Anthem/Wellpoint Lumenos CDH product being used?

**Answer:** POS Plan.

230)Please provide details on any preventive drug list to support the HDHP (e.g. drug list, reduced co-pays; deductible waived, etc.)

**Answer:** Standard POS Plan formulary is used for the HDHP.

231)There are requests for Performance Guarantees (PGs) in the RFP Appendix A Scope of Services IV. Additional Service Requirements and V. Insurer/PBM Performance Standards. These include specific dollar amounts for penalties (e.g. call abandonment, hold times, communication errors, etc.. There is also a request for PBM PGs in Appendix E-1 Questionnaire, with a request for \$200,000 in ongoing PGs and to allow the plan to allocate up to 30% of the total PG to any one PG; This may not align with the PGs in the Scope of Services with specific dollar amounts. Please confirm if PBM bidders should follow only the PG requests in the E-1 Questionnaire and not the PG requests in the RFP Scope of Services.

**Answer:** PBM vendors should follow the PF requests in the E-1 Questionnaire.

232)Appendix E-1 pg 54 states: “The terms you propose are for the entire contract period and do NOT require City of Atlanta to implement any plan designs or programs that are different from the plan design and programs currently in place.”

- a. The SPDs generally mention some programs, but do not provide details. Step Therapies drive generics, but can also drive specific brands. Please provide more details of the programs currently in place. Please include drug classes included, drugs targeted for intervention, and date of implementation. Examples of programs may be:
  - i. Programs to drive generics, such as step therapies, Prior Authorizations, DAW penalties, co-pay waivers
  - ii. Programs to manage specialty, such step therapy, prior authorizations, etc
  - iii. Programs to drive utilization of preferred brands, such as formulary exclusions, therapeutic substitution, etc.

**Answer:** Please see Attachment 3 of this Addendum.

- b. Please specify if each program applies to all plan groups, or only certain groups.

**Answer:** Please see Attachment 3 of this Addendum.

- c. Please confirm that the Plan will adopt the winning bidder’s standard programs that are similar in strategy, but may have different classes affected.

**Answer:** The City is seeking the best potential benefit design from vendors interested in partnering with the City for its insurance products.

233)Regarding formulary:

- a. Does the current standard formulary being used for the prescription benefit have exclusions for certain drugs? Can you please provide a list of formulary exclusions with NDC number?

**Answer:** Please see Attachment 2 of this Addendum.

- b. Please indicate any new drug exclusions for 2014/2015 (not noted in the claims data).
  - i. If there are drug exclusions, how should bidders account for this in any formulary disruption analysis? Do claims files indicate formulary tier and if a formulary exclusion?

**Answer:** Please see Attachment 2 of this Addendum.

- c. Is the Plan interested in adopting a standard formulary with a limited number of “me-too” drug exclusions to help reduce pharmacy costs?

**Answer:** The City is seeking the best potential benefit design from vendors interested in partnering with the City for its insurance products.

234)Regarding specialty drugs:

- a. Please provide details of any specialty pharmacy clinical management programs the plan has in place, including any preferred drug program or step program. Please detail the drug categories and drugs under the program

**Answer:** Please see Attachment 2 of this Addendum.

- b. Please provide details of any programs on specialty drugs that may historically adjudicate in the medical benefit, but are blocked or carved out from the medical benefit and managed under the pharmacy benefit.

**Answer:** Please see Attachment No.7 of this Addendum.

- c. Questionnaire pg 62 states date of 1/1/14; Should bidders assume 9/1/15 for this date?:

**Answer:** Confirmed.

- i. “You will provide a current and complete list of Specialty Drugs with pricing as of [January 1, 2014]. Only newly FDA-approved and launched drugs, and drugs not on the market as of [January 1, 2014] may be considered for addition to the specialty pharmacy drug price list after this date. Your list will identify limited distribution drugs. “

**Answer:** Please see Attachment 2 of this Addendum.

235)Pharmacy Networks:

- a. Please indicate which, if any, chains are excluded from the current retail network.

**Answer:** Currently POS pharmacy networks include all of the major retail networks.

- b. Is the Plan interested in narrower/tiered network options? If so, please describe and/or provide geo access standards.

**Answer:** Proponents should submit data regarding their narrower/tiered network option along with the Geo-Access Standards for review and consideration.

- c. If you are requesting a broad network, would you be expecting a network of around 65,000 pharmacies or perhaps 50,000 pharmacies (both would likely meet the access standard of 1 pharmacy in 5 miles, but the narrower network could have better pricing)?

**Answer:** Proponents should submit data regarding their narrower/tiered network option along with the Geo-Access Standards for review and consideration.

236)The BCBS PPO and POS SPDs state: “Home Delivery Choice for Maintenance Drugs – If you are taking a Maintenance Medication, you may get the first 30 day supply and up to one 30 day refill of the same Maintenance Medication at your local Retail Pharmacy. You must then contact the Home Delivery Pharmacy and tell them if you would like to keep getting your Maintenance Medications from your local Retail Pharmacy or if you would like to use the Home Delivery Pharmacy. You will have to pay the full retail cost of any Maintenance Medication you get without registering your choice each year through the Home Delivery Pharmacy.”

- a. When was this program implemented?

**Answer:** Program implemented with new contract effective 11/1/12.

- b. If the member registers his/her choice as retail, what cost/copay does the member pay for a third 30-day prescription at retail? For a 90-day prescription at retail?

**Answer:** 90 day prescription only available through mail order.

- c. Can you provide details of how many and % of claims are filled at retail under the “opt out” choice?

**Answer:** Please see Attachment No.7 of this Addendum.

- d. Should the PBM bidder assume that all carved out plans under the new contract would have this same plan design (e.g. also the Kaiser and Humana plan members)?

**Answer:** The plan design would be primarily for the self-funded plans. Humana is not a contracted vendor for medical and pharmacy services.

237)Will the City provide the last 3 years, preferably on a month to month basis, with the following items split by plan:

- a. Claim counts or EOBs
- b. Rate or administrative fee history, and rate/fee basis

**Answer:** Please see Attachment No.7 of this Addendum.

238) Can we obtain detailed 12-months of claims data with the following fields –

- a. Fill Date
- b. NDC
- c. Quantity dispensed
- d. Days Supply
- e. Pharmacy ID (NCPDP or NPI)
- f. Retail/Mail indicator
- g. Rx Count

**Answer:** Please see Attachment No.7 of this Addendum.

239) It appears that the claims file does not contain detailed pharmacy claims data. Can you please provide detailed pharmacy claims with key information such as individual NDC for each claim, Pharmacy ID/NABP, retail/mail indicator, de-identified member ID, etc. Please provide a data dictionary for any new pharmacy claims file you provide. Below is a list of data fields requested for all claims for all groups for the most recent 12 months available:

Field	Description
National Drug Code (NDC)	Eleven digit NDC number as assigned by the FDA
Pharmacy ID	Unique number identifying the pharmacy. National Association of Board Pharmacists (NABP) number
Patient ID (de-identified)	Encrypted unique identifier of serviced patient (employer or dependent)
Delivery Method	Method of dispensing – through a mail or retail pharmacy.
Compound Indicator	Indicator that identifies the product as a compounded medication
Formulary Indicator	Indicator that identifies the product as preferred, non-preferred
Days Supply	Number of days dispensed for this therapy.
Date of Service	Date the prescription was dispensed
Metric Quantity	Number of units, pills, ml, IU, etc. that were dispensed Required format: nnnnnn.n (minimum 1 decimal unit)
AWP Unit Price	Average Wholesale Price of the NDC at the time of dispensing. Required format: \$nnnn.nnnnn (minimum 4 decimal units)
Discounted	Discounted (or adjusted) amount based on the type of adjustment applied

Field	Description
Ingredient Cost	
Dispensing Fee	Contracted amount paid to the pharmacy for the dispensing of the product
Deductible	Deductible amount to be paid by cardholder based on the benefit plan (if any)
Copay/Co-insurance	Amount the patient/member paid for the drug (if any)
Paid Amount	Total amount paid by Plan (if any)
Drug Type Indicator	Indicator that identifies the product dispensed as Single Source Brand, Multi-Source brand, or Generic
Pricing Indicator (a.k.a. Adjustment Code)	Adjustment methodology used to arrive at discounted price. For example: Discount off AWP Estimated Acquisition Cost Usual & Customary applied Federal Upper Limit applied Maximum Allowable Cost(MAC) list applied
U&C Plan Code	Usual & Customary price A code used to identify a particular plan type or line of business, e.g., retiree plan, active employee PPO plan, HDHP, etc.

**Answer:** Please see Attachment No.7 of this Addendum.

240)Please provide a data dictionary for the claims fields in the current claims data file.

**Answer:** Please see Attachment No.7 of this Addendum.

241)Regarding RFP Part 1, Section 21 (Multiple Awards), does the City anticipate that all PBM services (except, possibly, CDHP PBM services as indicated in the RFP) will be awarded to a single proponent?

**Answer:** If PBM services are carved out of the medical plan, it is the City's intention to have a single proponent.

242)Please confirm Exhibit A, Section V letter g, Requests a Network Access, is not applicable to the PBM.

**Answer:** Confirmed.

243)Please confirm Exhibit A, Section V letter H is referring to direct member reimbursement claims.

**Answer:** Confirmed.

- a. If so, please confirm which standard you would like us to respond to (Administration of Non-Network Claims in Exhibit A, section V of the [RFP], or Retail direct reimbursement claims timeliness of proceeding and response in Exhibit E #33).

**Answer:** Retail direct reimbursement claims timeliness of proceeding and response in Exhibit E #33).

244)For Medicare eligible Retirees, is the City considering bids for Med D (e.g. RDS or EGWP)?

**Answer:** Medicare Eligible EGWP.

245)Exhibit A- Scope of Services-V- Insurer/PBM/TPA Performance Guarantees- can you clarify if these guarantees are applicable to all products quoting such as Dental and Vision?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

246)What is the total eligible employees for dental benefit coverage?

**Answer:** The City has approximately 7,500 Active employee and 5,500 Retirees, this number does not include their dependents.

247)What will be the contribution strategy by type dental plan?

**Answer:** The City contributes 70% of the medical and dental plans for active employees and dependents and a percentage toward retiree and dependent coverage that depends on the retirement date. Retirees (A) hired prior to April 1, 1986 have 70% paid by the City, (B) hired on or after April 1, 1986 but (1) retired between September 2009 – August 31, 2010 60% paid by the City, or (2) retired September 2010 forward 50% paid by the City. Any changes to this contribution strategy will require legislative action.

248)Were there any dental plan changes over the past three years? Including R&C changes to the PPO Plans.

**Answer:** No.

249)Were there any dental plan changes in rates/fees due to plan changes? If so, provide impacts and effective dates.

**Answer:** None.



250) Did the employer-paid contribution for dental vary in the past? If so, provide historical percentages.

**Answer:** The City contribution rate changed in 2008 for dental insurance from 75% to the current rate of 70%.

251) Please confirm the rates provided for the Humana Access Managed Care dental plan. The rates do not match between attachment E-3 and the Active Enrollment Guide.

**Answer:** The rates in E-3 were for the previous benefit plan year that ended on August 31. The Enrollment Guide rates are for the current plan year.

252) Are dental COBRAs included on the census, if not are you able to provide?

**Answer:** No, the estimated COBRA enrollment is under 25 participants.

253) Is the COBRA administration for dental expected to be provided by the carrier?

**Answer:** No, the City has primary responsibility for COBRA Administration.

254) Is ASO and Fully Insured funding being requested for all 4 dental options?

**Answer:** Yes.

255) Is Humana's DMO and DPO currently fully insured? If so, will the fully insured rates be provided?

**Answer:** Yes both are fully-insured and rates are provided in the Active and Retiree Enrollment Guides.

256) What is the estimated actuarial value of the DPO copay plan offered by Humana?

**Answer:** Estimated actuarial value approximately \$1.2 million dollars.

257) Are dentists allowed to bill in excess of the DPO copay schedule? Or is the copay accepted as payment in full?

**Answer:** Members are responsible for all applicable copayments, deductibles and services that are not covered in the DPO plan design. The DPO has a calendar year maximum for the specific expense class and the member's responsibility is outlined for both in-network and out-of-network services.

258) A full SPD was provided for the Cigna plans, but only very high level summary benefits info for the Humana plans – can we get full SPDs/a complete listing of current copays & scheduled amounts for both the Humana PPO and DHMO plans, including any E&Ls?

**Answer:** The Humana plan documents that were published includes copayment and schedule of benefits information for both the PPO and DHMO product for COA members

259) Have there been any plan changes on the Humana dental or UHC vision plans since 2011?

**Answer:** No.

260) Are we going to be getting any disruption data on the Humana dental plans? If so, can the dental file include submitted charge data?

**Answer:** A disruption report is not available and charge data not available at this time.

261) Can we confirm the current active vs retiree total rates by tier for the Humana PPO plans? This plan specifically on the rates labeled "Total Cost" listed in Appendix E-3 are not lining up with the combined ee/er rate info that's contained in the 2014/2015 OE guides for those plans.

**Answer:** The rates that are reflected in Appendix E-3 are for the previous plan years and the rates that are indicated in the 2014/2015 enrollment guide are for the current plan year.

262) What is the current ASC fee for self-funded CIGNA high/low dental plans?

**Answer:** The ASC is \$2.78 PEPM.

263) What are the premium equivalent (suggested funding rates) for CIGNA dental plans?

**Answer:** Premium equivalent rates are provided in the enrollment guides.

264) What are the fully insured rates for Humana CS150D Dental plan and for the Humana Georgia and Access Plan?

**Answer:** Fully-insured rates are provided in the Active and Retiree Enrollment Guides.

265) Is the Access Plan self-funded or fully-insured?

**Answer:** Fully-Insured.

266) What specific Performance Guarantees pertain to the Dental coverages? Is it correct to assume that the \$200,000 at risk applies only to medical coverage for ongoing service performance encompasses all service guarantees?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

267) On pages 66 through 72, are the medical performance percentage guarantees (\$200,000) applicable to the dental? Can dental provide guarantees different from the medical percentages and capped amount?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

268) [Dental] Can we get some additional clarification on what information should be entered in the bottom section/grid on the 2nd tab (labeled “Med,Dent,Vision,FSA Enrollment”) of the Cost Proposal (Exhibit A-1)? It asks for “combined rates & fees” from the first tab labeled Rate Quotation Form, but not sure how you would capture that if quoting both ASO and insured (unless they are only looking for a single funding option to be quoted by plan).

**Answer:** The City currently has two funding options for its dental plan. We are asking proponents to submit their best proposal for both ASO and Insured.

269)[Dental] Some of the dates on the cost proposal spreadsheet (Exhibit A-1) don’t align -- see below excerpts copied and pasted if we can get clarify what the correct dates are supposed to be for each? We believe Sections 1 – 3 should be 9/1/15-8/31/16, but not sure on the request in Section 4.

- a. *SECTION 1: Show any all inclusive Insured Rates if applicable to 9/1/2012-8/31/2013.*
- b. *SECTION 2. Show any all inclusive self funded administration, demand management, utilization review, wellness program proposal, network fees applicable to 9/1/2015-8/31/2016*
- c. *SECTION 4. Show the impact on your PEPM all inclusive administration fees, or reinsurance rates applicable to 9/1/2014-8/31/2015*
- d. *Preferred response: There will be no impact to the administration fees, or reinsurance rates applicable to 9/1/2015-8/31/2016*

**Answer:** Confirmed, Sections 1 – 3 should be 9/1/15 through 8/31/16. Section 4 should also be 9/1/15 through 8/31/16

270)Part 1; Information and Instructions to Proponents, requires each team member to have at least seven years’ experience within the last ten years in employee benefits. Is this applicable to Dental-only proposals?

**Answer:** While the experience requirements outlined in the RFP may be directed more at the medical plan administration, it is the City’s expectation that the proponents for our other plans have experienced personnel that can effectively administer the plan.

271)Can we get a copy of the Non-network schedule on the Dental Access plan.

**Answer:** Data not available.

272)Please confirm if the Dental Access plan operates on a DPPO platform (and not DHMO platform).

**Answer:** The Dental Access Plan operates under a DHMO platform since it is a managed care dental plan.

273)What is the current Dental fee?

**Answer:** Dental fees are provided in the Active and Retired Enrollment Guides. Dental plan information is included in the SPDs provided.

274)Please confirm if composite fillings are covered on posterior teeth on the Cigna plans.

**Answer:** Composite fillings are covered on all teeth, including all of a patient's posterior teeth.

275)What are the number of eligible lives on the dental plans?

**Answer:** The City has approximately 7,500 Active employee and 5,500 Retirees, this number does not include their dependents.

276)Appendix E, Section B/Attachments, Question #5 regarding Sample Contract – [our life insurance company] does not require a contract in order to conduct business. Therefore, do we indicate “Not applicable, no response” to this item?

**Answer:** A legal contractual agreement is required for all vendors conducting business with the City of Atlanta.

277)Census Questions:

- a. The December Premium Statement reports 3,966 Retiree Basic Life lives. The retiree census has 5,000 entries with the Plan Name of Retiree Life. The census lists multiple lines of Retiree Life coverage for most employee numbers. Example: Employee number 13063 (DOB 8/3/1943) has five lines of coverage. If we count each employee number once, there are less than half of the reported lives in the recent premium statement. Please provide a corrected census.

**Answer:** The Census report shows the number of coverage category a retiree or active employee has for the various different insurance products offered and selected. For the purpose of life insurance, the census will provide the number of individuals covered under the following categories: employee/retiree only, spouse only, and dependents. Retirees and Active employees have the option to select different level of coverage in medical, dental, vision and life insurance; therefore, the census report will have the employee numbers listed multiple times with corresponding benefit selections.

- b. The December Premium Statement reports 2,083 Retiree Spouse and Retiree Dependent lives. The retiree census has multiple entries per employee number for dependent coverage. Example: Employee number 13996 (DOB 3/13/1957) has five lines of coverage (Child, Spouse, Spouse, Spouse and Spouse & Child). Please provide a corrected census.

**Answer:** The Census report shows the number of coverage category a retiree or active employee has for the various different insurance products offered and selected. For the purpose of life insurance, the census will provide the number of individuals covered under the following categories: employee/retiree only, spouse only, and dependents. Retirees and Active employees have the option to select different level of coverage in medical, dental, vision and life insurance; therefore, the census report will have the employee numbers listed multiple times with corresponding benefit selections.

- c. The December Premium Statement has 3,097 Active Spouse and Dependent Life units (1,345 Spouse & 1,752 Dependent) and 636 Surviving Spouse units. The census has 3,102 Active Dependent units (680 Sp/DP, 1,089 Ch & 1,333 Sp/DP/Ch). We are unable to identify the 636 Surviving Spouses on the census. Please provide a corrected census or provide additional information to help us determine how to interpret the census data.

**Answer:** Surviving Spouses are identified as Widows.

278)The document in Appendix E-9 Summary Plan Designs titled “Minnesota Life SPD” is actually an experience report, and not a Summary Plan Design. Can you please provide the Summary Plan design?

**Answer:** Please see Attachment 4 of this Addendum.

279)We cannot determine if the City of Atlanta’s Life insurance contract has a waiver of premium provision. If there is a waiver of premium provision, can you provide a waiver report that includes the following:

- a. All employees listed that are approved for waiver of premium.
- b. Life amount and the amount that is in reserve for each employee
- c. Incurred date.

**Answer:** The life insurance coverage does provide a waiver of premiums to both the contributory and noncontributory employs insurance and it applies to Class 1 Active full-time and part-time permanent employees and Class 3- Elected Officials (council members). Census Data was provided in Appendix E-3.

280) It appears the life insurance plan has Waiver of Premium, please confirm and send a current claim listing.

**Answer:** The life insurance coverage does provide a waiver of premiums to both the contributory and noncontributory employees insurance and it applies to Class 1 Active full-time and part-time permanent employees and Class 3- Elected Officials (council members).

281) We would like to request a life claim listing from Minnesota Life. If this information is not available, we would request to know the claim incidence per year.

**Answer:** This information was included within Appendix E-9.

282) Can you provide a copy of the MN Life certs?

**Answer:** Please see Attachment 4 of this Addendum.

283) In addition to plans requested, will the City of Atlanta accept optional plans for Life Insurance?

**Answer:** Yes, please submit proposal for review.

284) Can you please send in the following for the Life Quote:

- a. Complete Certificate of Life Insurance. (The file labeled 'Minnesota Life SPD' is actually financial experience, not the Certificate or SPD)

**Answer:** Please see Attachment 4 of this Addendum.

- b. Listing of open Waiver of Premium claims from 2012 to 2014 to include incurral date and benefit (face) amount

**Answer:** There are no active (open) or pending waiver of premiums for the period of November 1, 2012 through December 31, 2014 as outlined within the submitted Financial Experience Reports for this period from the current vendor.

285) Under the Retiree census, if a Retiree is listed as Grandfathered under the Retiree Life, does that mean they have a \$10,000 benefit?

**Answer:** Retirees listed under the grandfathered life insurance benefit means that the amount of coverage exceeds the standard \$5,000 amount.

286) Can you please provide the SPDs and Certs for the Life and Disability programs?

**Answer:** Please see Attachments 4 and 5 of this Addendum.

287) [Life insurance] Could the City provide the following information broken down by coverage and rating class, as specified below for Active and Retired Employees:

- a. Premium for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- b. Average monthly volume for the past 5 years
- c. Average monthly lives for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- d. Monthly rates and rate basis for 11/1/2010-10/31/2013
- e. Claims paid for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- f. Claim interest paid for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- g. Claim counts or a detailed claims listing for time periods prior to 11/1/2013
- h. Pending reserves for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- i. Waiver of Premium reserves for 11/1/2009-10/31/2010, 11/1/2010-10/31/2011 and 11/1/2011-10/31/2012
- j. Conversion/portability charges for the past 5 years
- k. Pooled claim charges for the past 5 years
- l. New hires per year as well as expected new hires/layoffs

**Answer:** Life insurance data only available from current vendor at this time.

288)[Life insurance] Are you able to provide any rate history for the last 3 years?

**Answer:** Guarantee 3 year rate structure.

289)[Life insurance] Were there any plan changes over the past five years?

**Answer:** No.

290)[Life insurance] Were there any changes in rates due to plan changes? If so, what was the new rate and when was it effective?

**Answer:** Guarantee 3 year rate structure.

291)[Life insurance] Was there a recent open enrollment or a "free one up" or any other underwriting liberalization?

**Answer:** Standard annual Open Enrollment and Enrollment during the new hire process.

292)[Life insurance] If there is a provision for "free one up" in the plan, confirm that it is or isn't available to plan non-participants.

**Answer:** During the annual enrollment, an employee participating in the supplemental life plan or an employee who is electing coverage for the first time, may increase his or her supplemental life coverage by two increments (\$20,000) up to the guarantee issue limit of \$200,000. Employees who have been previously declined coverage are not eligible without evidence of insurability.

293)[Life insurance] Please confirm whether portable amounts are in the paid claims and if the portable amounts will stay with the existing carrier.

**Answer:** Portable amounts are not included in the experience provided and they will stay with the existing carrier.

294)[Life insurance] If portable amounts are included in the experience, please confirm the current portability rates and conditions required to elect portability, as well as any historical changes to these.

**Answer:** Portable amounts are not included in the experience provided.

295)[Life insurance] What is the definition of age for the purpose of determining premium age bracket - end of plan year, 1st of each month, etc.?

**Answer:** 1<sup>st</sup> of each month.

296)[Life insurance] Is war/terrorism risk covered?

**Answer:** No.

297)[Life insurance] Is a reinsurance or pooling arrangement currently in place? What are the reinsurance or pooling conditions and charges?

**Answer:** Pooling arrangement.

298)[Life insurance] Please provide the following for the Retirees located outside the U.S., if any:

- a. Date of birth
- b. Date of hire
- c. Gender
- d. Salary

**Answer:** No Retiree currently has permanent residence outside of the US.



299) Who are performing the following record keeping functions for the City of Atlanta's Life Insurance program?

- a. Ongoing Records Management **City/Minnesota Life**
- b. Eligibility **City/Minnesota Life**
- c. Statement of Health Administration **Minnesota Life**
- d. Simplified Underwriting **Minnesota Life**
- e. Beneficiary Records Management **City/Minnesota Life**
- f. Billing **City/Minnesota Life**
- g. Conversion **Minnesota Life**
- h. Portability **Minnesota Life**

300) Are the Life coverages included in a Cafeteria / Section 125 Plan?

**Answer:** Yes.

301) Appendix E-3 (Contribution History) indicates the City of Atlanta pays \$0.15 per thousand towards the cost of the first \$10,000 toward the 1X salary Basic Life insurance coverage. If the true cost for that coverage exceeds \$0.15 would the city charge all employees for the difference, or does the city expect the additional cost to be paid from the rates of some other employee paid product?

**Answer:** The first \$10,000 coverage for active employees basic life cost is the same rate guaranteed by contract vendor and the cost for that coverage will not exceed \$0.15.

302) Please clarify the discrepancies in the following attachments concerning the current cost of Basic Life and AD&D:

- a. Attachment E indicates the city pays \$.15 / \$1,000;
- b. The Enrollment Guide (page 36) indicates the cost of insurance as \$.08 / \$1,000 for Basic and \$.02 / \$1,000 for AD&D; and
- c. The Minnesota Life invoice indicates a rate of \$.082 / \$1,000 for Basic and \$.024 / \$1,000 for AD&D.

**Answer:** The City pays for the first \$10,000 in coverage for all active employees as reflected in Attachment E. The Minnesota Life invoice and the enrollment guide costs may vary by a few percentage points due to how the City's insurance premiums are collected, please use the invoice rate from the Minnesota Life invoice.

303) Do you have a copy of the Vision SPD you can send out? I didn't see it included in the flash drive.

**Answer:** Please see Appendix E-7 Enrollment Guides for all available information on Vision.

304) Is the City willing to accept alternative Vision plan designs? Willing to considering offering a dual option?

**Answer:** Yes, please submit all plans designs that you think will be beneficial to both the City and its employees/retirees.

305) Can you confirm the Vision quote is to be Fully-Insured? Should we quote both Fully-Insured and Self-Insured?

**Answer:** The City currently has only a fully-insured option for vision with no City contributions for this voluntary benefit.

306) Can you please provide vision summary experience information for the last 12 months (preferably illustrated by month) to include at a minimum total claims \$, total enrollment and total # claims paid?

**Answer:** Requested information was provided in UHC Vision information under Appendix E-3.

307) Please provide a list of the City's top 20 vision providers over the last 12 months.

**Answer:** Data not available at this time.

308) [Vision] Will the City accept a 4 year rate guarantee?

**Answer:** Yes; however the maximum contract time period for this RFP is 3 years.

309) In Appendix E-3, Claims Enrollment and Contributions, there is a tab labeled "Contribution History."

a. This shows Optum Health Vision with the following rate structure:

i. EE Only:	\$4.60
ii. EE & CH:	\$9.40
iii. EE & SP:	\$8.95
iv. EE & FAM:	\$12.10
v. Beneficiary Child(ren):	\$5.13
vi. Widow(er) Only:	\$4.28
vii. Widow(er) Beneficiary Child(ren):	\$9.40

- b. In the tab labeled United Healthcare Vision, the Optum Health Vision rate structure is as follows:
- i. EE Only: \$4.28
  - ii. EE & SP: \$8.95
  - iii. EE & CH: \$9.40
  - iv. EE & FAM: \$12.10

Which rate structure and rates are currently in place? The one with 7 tiers or the one with 4 tiers? If the answer is 7 tiers, will this same rate structure, which includes Widow(ers) and Beneficiary Child(ren), be in the new plan effective 9-1-15? Or will there be 4 tiers going forward?

**Answer:** The 7 tier rate structure will be in the new plan effective 9/1/15.

310)Under the UHC Vision tab, in Appendix E-3, Claims, Enrollment and Contributions, the premium amounts for August 2014 and September 2014 appear to be double the regular premium amount. Please verify the amounts listed or please correct the premium amounts for those months.

**Answer:** Vendor data incorrect, the City only paid one premium amount in August 2014 and September 2014.

311)Under the UHC Vision tab, in Appendix E-3, Claims, Enrollment and Contributions, the premium amount for August 2013 may contain an extra "0". Please verify the amount.

**Answer:** Confirmed, vendor included an extra 0 in the premium amount for August 2013.

312)The current provider is listed as UHC, on the contribution tab of the Appendix E-3 document Optum Health is listed as the provider. On the "United Healthcare Vision" tab Optum Health is listed at the top of the provided claims. Can we confirm the current provider.

**Answer:** Optum Health was the previous name used by UHC Vision. No provider change.

313)Appendix E-3 "contribution" tab lists 7 tier rates, while the "United Healthcare vision" tab lists 4 tier rates. Can we confirm the current rates?

**Answer:** The 7 tier rate structure will be in the new plan effective 9/1/15.

314)Does the vision claim data provided include both actives and retirees?

**Answer:** Yes.

315)Can you please confirm the number of eligible employees for the vision plan.

**Answer:** The City has approximately 7,500 active employee and 5,500 retirees, this number does not include their dependents.

316) Would it be possible to obtain a detailed vision claims breakout instead of the total claims paid amount? The claims breakout would include amounts for single vision, bifocal, and trifocal eyewear.

**Answer:** Data not available at this time

317) Can we confirm the current funding arrangements for each vision plan?

**Answer:** Fully-insured plan with employee/retiree only contributions.

318) Are we going to be getting any disruption data on the UHC vision plans?

**Answer:** Disruption data not available for vision plan.

319) Can we confirm the current active vs retiree total rates by tier for the UHC vision plans? This plan specifically on the rates labeled “Total Cost” listed in Appendix E-3 are not lining up with the combined ee/er rate info that’s contained in the 2014/2015 OE guides for those plans.

**Answer:** The rates reflected in the 2014/2015 enrollment book are the rates for the current year; the rates in Appendix E-3 are for the previous year. There are no employer contributions for vision.

320) [Vision] Can we get some additional clarification on what information should be entered in the bottom section/grid on the 2nd tab (labeled “Med, Dent, Vision, FSA Enrollment”) of the Cost Proposal (Exhibit A-1)? It asks for “combined rates & fees” from the first tab labeled Rate Quotation Form, but not sure how you would capture that if quoting both ASO and insured (unless they are only looking for a single funding option to be quoted by plan).

**Answer:** The City currently has only a fully-insured option for vision with no City contributions for this voluntary benefit.

321) [Vision] Some of the dates on the cost proposal spreadsheet (Exhibit A-1) don’t align – see below excerpts I copied and pasted, so can we please just clarify what the correct dates are supposed to be for each? I’m thinking Sections 1 – 3 should be 9/1/15-8/31/16, but I’m not sure what exactly they are asking for in Section 4.

**Answer:** The correct dates should reflect the following timelines: 9/1/15 through 8/31/16, 9/1/16 through 8/31/17, 9/1/17 through 8/31/18.

322) Some questions in the “General” section of the questionnaire are not applicable to routine vision. How would you like us to address these questions in our response?

**Answer:** Please respond only to the questions that are applicable to routine vision. The City clearly understands that some of the questions in the general section may not apply to all benefit offerings.

323) Please provide current voluntary insurance product participation, policy counts, policy types, plan designs, rates and how long the coverage has been in place.

**Answer:** Please see Attachment No. 5 of this Addendum.

324) [Voluntary Benefits] What is the current participation/premium by line of coverage?

**Answer:** Please see Attachment No. 5 of this Addendum.

325) Do you prefer group or individual products for the proposed voluntary insurance products to be presented?

**Answer:** This RFP is specifically for group voluntary insurance products.

326) Please clarify/define what the City is looking for in relation to the Voluntary Benefits Administrative Fee indicated in Appendix E, Section VIII (Voluntary Benefits), question #20, page 132.

**Answer:** The City is seeking a proposal for prospective vendors regarding their products and fees associated with voluntary insurance products.

327) Will the City of Atlanta be replacing current/existing voluntary insurance product policies? Will employees be allowed to keep their current voluntary insurance products? Will the current payroll deduction slot remain active for existing/current voluntary insurance products?

**Answer:** If incumbent is not selected all group voluntary insurance products and payroll deductions will have to be through new contracted vendor.

328) If the incumbent is not selected for the accident, Critical Illness, Hospital Indemnity, will the City terminate AFLAC plan for new entrants, and will payroll deduction be available ONLY to the selected carrier?

**Answer:** If incumbent is not selected all group voluntary insurance products and payroll deductions will have to be through new contracted vendor.

329) Will the City terminate and cease payroll deduction for the current AFLAC STD program?

**Answer:** The payroll deduction for voluntary products is primarily based on the current contracted vendor; if AFLAC is not selected, the payroll deduction for products and services currently provided by them will change to the new vendor.

330) Will City stop all payroll deductions from prior carrier if business is awarded to a new carrier?

**Answer:** The payroll deduction for voluntary products is primarily based on the current contracted vendor; if current vendor is not selected, the payroll deduction for products and services currently provided by them will change to the new vendor.

331) How will enrollments be conducted? Will we have face to face access to employees?

**Answer:** Enrollment for voluntary products at the City of Atlanta is typically done face to face with the employees due to the individual decisions needed to determine what products are selected and authorizing payroll deductions for those products.

332) If self-service enrollment, will all employees have to accept or decline coverage?

**Answer:** Self-service enrollment is only used for medical, dental, vision and life insurance. Employee enrollments for voluntary products are done independently and directly with the vendor. There is not automatic enrollment for voluntary products, since it requires an individual decision for benefit selection.

333) Will you please provide details for the AFLAC products being offered?

**Answer:** Please see Attachment 5 of this Addendum.

334) Will you please provide a copy of the current bill to show current rates, and enrollment?

**Answer:** Please see Attachment 5 of this Addendum.

335) Are there unions involved, and are they part of the benefit plan, or do they have their own plans?

**Answer:** City of Atlanta employees are offered standard medical, dental, vision, life insurance and voluntary products under a group platform. The Labor Unions offer additional benefits for their membership and it is a totally separate process from the City.

336) Should we quote the Voluntary Plans based off our most utilized plan designs, or should we try to match the current plan designs Aflac has in place? If you do want us to match the current plan design, we would need more detail (such as an outline of coverage) on the current Aflac plan in force.

**Answer:** Proponents are encouraged to quote voluntary plans that are beneficial for the City and its employees. The plan designs that are currently in place should not be the determining factor on what voluntary products are proposed. The City is not interested in reducing the level of voluntary benefits and encourages responses that are a value added benefit.

337)How have the Voluntary Plans been communicated and enrolled in the past?

**Answer:** Communication and enrollment for all voluntary plans are typically handled during the annual open enrollment or during the new employee orientation process.

338)The RFP speaks to benefit programs being quoted Net Commissions. Does this apply to the Voluntary Plans (Accident, Critical Illness and Hospital Indemnity) as well, as commissions help fund enrollment activities?

**Answer:** Net Commissions are not required to help fund the enrollment activities at this time.

339)[Voluntary Benefits] Do you anticipate this year's Open Enrollment to be passive or active?

**Answer:** We are anticipating an active enrollment. Typically during the renewal process if there are no major vendors or benefit changes, the City will offer a passive enrollment.

340)The census does not contain elections for Critical Illness, Accident, or Voluntary Short Term Disability. Would it be possible to get a census with those elections?

**Answer:** Please see Attachment 5 of this Addendum.

341)Does the Pension Disability Benefit pay benefits from the first day of disability?

**Answer:** Yes, once approved by the Pension Board.

342)The Pension Disability Benefit describes provisions for "Group A" and "Group B", but it doesn't describe which employees fall into the respective groups. Can you provide that?

**Answer:** The Pension Disability Benefit described in provisions for Group A and Group B is for all City employees who are in the Defined Benefit Plan.

343)Is the City looking for a single carrier for the Group Short Term Disability and Group Long Term Disability plans? Will the City consider multiple carriers for these plans?

**Answer:** The City sponsored group STD and LTD plans when offered would be a new benefit for COA Employees. The City will consider both a single and multiple carriers for these plan and will make benefit administration decision after reviewing submitted proposals.

344)In addition to plans requested, will the City of Atlanta accept optional plans for STD?

**Answer:** Yes.

345) Will the City of Atlanta accept proposals for Long Term Disability (LTD)?

**Answer:** Yes.

346) Will the City of Atlanta require employees to exhaust accumulated sick days and/or PTO prior to STD benefits?

**Answer:** If a group STD/LTD program is implemented, the City will have to change current leave accumulation program and implement a leave program that will work with group benefit plan design.

347) Can the City of Atlanta provide accumulated sick days and/or PTO for all current employees?

**Answer:** Information available upon request from the Department of Human Resources.

348) Please send in the STD Certificate or detailed summary of the plan of benefits.

**Answer:** Please see Attachment 5 of this Addendum.

349) Please describe the STD benefit you would like to offer – including elimination period, benefit period, maximum monthly benefit and %.

**Answer:** The City is looking for an insurance company to assist in strategizing a new insured group short-term disability benefit that will complement, or partially replace the current sick leave benefit. The benefit design of the new STD benefit program will be created following the selection of a carrier who has shown that they are willing and able to assist in the development of such a complementing plan design. The City currently only offers an individual STD under the voluntary benefits and would be interest in reviewing proposals from vendors that offer a group benefit with elimination period, benefit period, maximum monthly benefit and percentage.

350) Does the City need a vendor to support Life and Disability eligibility and enrollment?

**Answer:** Please submit response for review and consideration.

351) Is the AFLAC STD plan portable in the event the plan terminates? Please provide certificate or plan description?

**Answer:** Yes. Please see Attachment 5 of this Addendum.

352) What is the current Aflac funding paying for?

**Answer:** Please see Attachment 5 of this Addendum.



353)What is included in the current Aflac insurance premiums besides insurance, if anything?

**Answer:** Only insurance is included.

354)Please provide a copy of the AFLAC solicitation materials including prices for all available plan options City employees may select.

**Answer:** Please see Attachment 5 of this Addendum.

355) [Voluntary STD] Please provide additional claim data listing claims by date of disability and including the period for which benefits were paid and the total benefits paid.

**Answer:** Information not available.

356)Please provide a roster of employees electing STD coverage including salary and occupation. If salary or occupation is not available on the roster please include the employee ID # so that we may pair the elections with the census record indicating this data.

**Answer:** Enrollment and premium information was provided in Appendix E-3 under the AFLAC section. Roster data not available at this time.

357)[Voluntary STD] Benefit duration of 26 and 52 weeks is requested however only 26 week benefit duration cost spaces are provided.

**Answer:** The duration cost provided reflects the typical number of payroll deductions active City of Atlanta employees has annually.

358)Who is the current FSA provider?

**Answer:** Wageworks. They are a TPA for AFLAC.

359)Do the Performance Standards apply to the proposed voluntary insurance products? Do they apply to the proposed FSA?

**Answer:** Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please state so in your response. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or its designee.

360)Does the proposed FSA vendor need to complete the entire RFP or only those items related to the FSA?

**Answer:** Please respond only to those items that are applicable for the product that you want to be considered as a potential vendor.

361) Does the FSA plan year begin 9/1 and if not, when does it begin? [What is your benefit plan year for your spending account program?]

**Answer:** FSA Plan year begins on 9/1.

362) What is the primary motivation for the City of Atlanta going to bid this year for spending accounts?

**Answer:** Insurance vendor contracts are for a 3 year period and we are currently in the final year of the prior contract.

363) What Spending Account Programs do you offer or plan to offer to your employees presently and in the next 24 months?

- a. Healthcare FSA (Yes / No / In the next 24 months) **Yes**
- b. Dependent Care FSA (Yes / No / In the next 24 months) **Yes**
- c. Health Reimbursement Arrangement (HRA) (Yes / No / In the next 24 months) **No**
- d. Health Savings Account (Yes / No / In the next 24 months) **Yes for participants in the HDHP only.**
- e. Limited Purpose FSA (Yes / No / In the next 24 months) **No, but will evaluate the possibility of offering the limited FSA with the new agreements.**
- f. Commuter Spending Accounts (Yes / No / In the next 24 months) **No.**

364) How many participants do you have enrolled in your spending account programs?

- a. Healthcare FSA only = **213**
- b. Dependent Care FSA only = **32**
- c. Healthcare & Dependent Care = **245**
- d. Health Reimbursement Arrangement (HRA) = **NA**
- e. Health Savings Account = **90**
- f. Limited Purpose FSA = **N/A**
- g. Commuter Spending Accounts = **N/A**
  - i. Parking =
  - ii. Transit =

365) Please provide current FSA participation and costs.

**Answer:** FSA participants are 214 – Healthcare FSA, and 32 – Dependent Care FSA. Total = 246 FSA participants. Cost information not available at this time

366) Please confirm that the current FSA participants are 214 – Healthcare FSA and 32 – Dependent Care FSA. Total = 246 FSA participants. (Per Exhibit A-1 Cost Proposal) Are we reading that correctly?

**Answer:** Confirmed.

367) Does the City currently use an FSA Debit Card today?

**Answer:** Yes.

368) How do participants enroll in each of the spending account programs today? (Online web enrollment, manually, IVR?)

**Answer:** Manually enrollment process directly with contracted vendor representative.

369) What system are the employee' spending account elections entered into? Is it centralized?

**Answer:** Oracle, and it is a centralized payroll system.

370) What payroll system does the City of Atlanta use?

**Answer:** Oracle.

371) Is the payroll system centralized or do you have multiple payroll systems that would need to interface with a spending accounts solution?

**Answer:** Oracle and it is a centralized payroll system.

372) Does the City of Atlanta provide an employer contribution to any of the spending account programs that you offer your employees? Please describe.

**Answer:** Participants in the HDHP receive the following contributions from the City: \$500 for single coverage; \$750 for Family coverage; Employees can earn an additional \$150 for an annual physical exam, \$50 for completion of health risk assessment and \$50 for completion of bio-metric screening.

373)Are you trying to increase spending account enrollment? If so, what are you currently doing to help drive increases?

**Answer:** The City would like to significantly expand the enrollment in spending accounts for employees. The HDHP was offered in our medical plans for the first time and we are encouraging employees to take more of an active role in their health care decision process through financial and other educational outreach programs offered by the City and contracted vendors.

374)What has been most effective in communicating the benefits of spending accounts for your enrollment today?

**Answer:** Providing information in the enrollment guides and having vendor representative's onsite to immediately provide information on products and services offered to the employees.

375)Do you offer your Health Care spending account participants a debit card for claim payment?

**Answer:** Yes.

376)Do you currently offer any tools, calculators, or modeling software to communicate the benefits of spending accounts to your employees?

**Answer:** Not directly from the City; however, there are links to contracted vendor websites.

377)Concerning your current spending account claim substantiation process,

- Do you provide a co-pay/deductible file to your administrator?

**Answer:** No.

- Does your administrator receive claim files from your health care providers?

**Answer:** Yes, when specifically requested.

378)Do you pay a separate monthly administrative fee for each account an employee participates in? (I.e. if an employee contributes to an HC FSA and DC FSA or DC FSA and Health Savings Account for this benefit offering?

**Answer:** Monthly administrative fees only apply to the medical HSA with the HDHP.

379)What do you believe will be your biggest challenges if you conclude that it is best to change the spending account administrator?

- a. For current participants and eligible employees?

**Answer:** Effective Communication and plan administrative guidelines are extremely critical.

- b. For internal operations?

**Answer:** Program administration and system concerns regarding the ability to handle data interface and transfer between the City and new vendor.

380)What languages will the administrator be required to support for your population? Please provide an estimated language percentage break down for your employee population.

**Answer:** English.

381)Would it be possible to get utilization for the last 12 months and copy of the carrier EAP benefits in place today?

**Answer:** The City currently has an internal EAP program along with the medical vendor's EAP offering. Utilization data is not available at this time.

## **Attachment 1**

### **Modified Appendix A – Office of Contract Compliance Requirements**



## CITY OF ATLANTA

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January 22, 2015

**RE: Project No.: FC-7936, Employee Benefits RFP**

Dear Prospective City of Atlanta Bidder:

The Office of Contract Compliance information is an integral part of every City of Atlanta bid. All Bidders are required to make efforts to ensure that businesses are not discriminated against on the basis of their race, ethnicity or gender, and to demonstrate compliance with these program requirements at or prior to the time of Bid opening, or upon request by OCC. Bidders are required to ensure that prospective subcontractors, vendors, suppliers and other potential participants are not denied opportunities to compete for work on a City contract on the basis of their race, ethnicity, or gender, and must afford all firms, including those owned by racial or ethnic minorities and women, opportunities to participate in the performance of the business of the City to the extent of their availability, capacity and willingness to compete. Please read all of the information very carefully. Pay close attention to the specific goal of minority and female business enterprises for this project and the EBO program reminders listed on page 6.

If you have any questions about the information included in this section of the solicitation, please contact the City of Atlanta Office of Contract Compliance at (404) 330-6010.

**The City of Atlanta looks forward to the opportunity to do business with your company.**

## Table of Contents

Policy Statement.....	1
Implementation of EBO Policy .....	2
Determination of Non-discrimination During Bid Process.....	2
OCC Review of Bidder Submissions.....	3
Equal Business Opportunity Program Bid/RFP Submittals .....	4
Monitoring Of EBO Policy .....	4
Implementation of EEO Policy .....	4
Monitoring of EEO Policy.....	4
First Source Jobs Program Policy Statement.....	5
Equal Business Opportunity M/FBE Goals for this Project.....	6
Equal Business Opportunity Program Reminders .....	7
Covenant of Non-Discrimination (EBO1) .....	8
Subcontractor Contact Form (EBO2).....	9 - 10
Subcontractor Utilization Form (EBO3) .....	11
First Source Job Information (Form 4) .....	12
First Source Job Information (Form 5) .....	13



**CITY OF ATLANTA**  
**EQUAL BUSINESS OPPORTUNITY**  
**EQUAL EMPLOYMENT OPPORTUNITY**

**POLICY STATEMENT**

It is the policy of the City of Atlanta to promote full and equal business opportunity for all persons doing business with the City. The City must ensure that firms seeking to participate in contracting and procurement activities with the City are not prevented from doing so on the basis of the race or gender of their owners. The City is committed to ensuring that it is not a passive participant in any private scheme of discrimination. To ensure that businesses are not discriminated against with regard to prime contracting, subcontracting or other partnering opportunities with the City, the City has developed an Equal Business Opportunity (EBO) Program. It is also the policy of the City of Atlanta to actively promote equal employment opportunities for minority and female workers and prohibit discrimination based upon race, religion, color, sex, national origin, marital status, physical handicap or sexual orientation through the City's Equal Employment Opportunity (EEO) Program. The purpose of the Equal Business Opportunity and Equal Employment Opportunity Programs is to mitigate the present and ongoing effects of the past and present discrimination against women and minority owned businesses and women and minority workers so that opportunity, regardless of race or gender, will become institutionalized in the Atlanta marketplace. It is important to note that all bidders, without exception, including minority and female owned business enterprises, must comply with the City of Atlanta's EBO and EEO Program requirements. Goals for minority and female business enterprises are set for this project on page 6.

## **Implementation of EBO Policy**

The Office of Contract Compliance will review information submitted by Bidders pertaining to efforts to promote opportunities for diverse businesses, including M/FBEs, to compete for business as subcontractors and/or Suppliers. A Bidder is eligible for award of a City contract upon a finding by OCC that the Bidder has engaged in, and provided with its bid submission documentation of, efforts to ensure that its process of soliciting, evaluating and awarding subcontracts, placing orders, and partnering with other companies has been non-discriminatory. To assist prime contractors in this effort, the Office of Contract Compliance has set forth in this solicitation document the M/FBE goals within the relevant NAICS Codes, for this Project.

For subcontracting, the Subcontractor Project Plan must include all subcontractors to be utilized on the project, detail the services to be performed, the dollar value of the work to be performed by each subcontractor, and the City of Atlanta M/FBE certification number and supplier id number.

For Suppliers, the Subcontractor Project Plan must include all suppliers to be utilized on the project, the supplies to be provided, including the dollar value of the supplies being provided and the City of Atlanta M/FBE certification number and supplier id number.

## **Determination of Non-discrimination During Bid Process**

No Bidder shall be awarded a contract on an Eligible Project unless the Office of Contract Compliance determines that the Bidder has satisfied the non-discrimination requirements of section 2-1448 on such Eligible Project. Accordingly, each Bidder shall submit with each Bid the following

1. Covenant of Non Discrimination. Each Bidder shall submit with her/his Bid a Covenant of Non-Discrimination which is set forth herein as Exhibit EBO1.
2. Outreach efforts documentation. Each bidder shall submit with her/his bid written documentation demonstrating the bidder's outreach efforts to identify, contact, contract with, or utilize businesses, including certified M/FBEs and SBEs, as subcontractors or suppliers on the contract. This information shall be set forth on Exhibit EBO2, which is included herein.
3. Subcontractor project plan. Each bidder shall submit with her/his bid a completed and signed subcontractor project plan, in a form approved and provided by the office of contract compliance, which lists the name, address, telephone number and contact person of each subcontractor or other business to be used in the contract, the NAICS Code and the type of work or service each business will perform, the dollar value of the work and the scope of work, the ownership of each business by race and gender, if applicable the AABE, APABE, FBE, or HABE certification number of each business, and any other information requested by the office of contract compliance. In order for the office of contract compliance to officially consider a firm to be an M/FBE, the M/FBE firm must be certified by or have a certification application pending with the office of contract compliance prior to the bidder's submission of the bid. The subcontractor project plan shall not be changed or altered after approval of the plan and award of the contract without the written approval of the director of the office of contract compliance. A written letter to the director of the office of contract compliance requesting approval to

change the subcontractor project plan must be submitted prior to any change in the plan or termination of an M/FBE's contract.

### **OCC Review of Bidder Submissions**

The Office of Contract Compliance shall determine whether a Bidder has satisfied the non-discrimination requirements of section 2-1448 based on its review of the Covenant of Non Discrimination, the Outreach Efforts Documentation, the Subcontractor Project Plan, and its review of other relevant facts and circumstances, including complaints received as part of the bid process. In reviewing the documents submitted by a Bidder to determine whether the Bidder has satisfied the non-discriminatory practices requirement of this section, the Office of Contract Compliance will consider, among other things, the total project dollars subcontracted to or expended for services performed by other businesses, including certified M/FBEs, whether such businesses perform Commercially Useful Functions in the work of the contract based upon standard industry trade practices, whether any amounts paid to Supplier businesses are for goods customarily and ordinarily used based upon standard industry trade practices, and the availability of certified M/FBEs within the relevant NAICS Codes for such Eligible Project.

(a) **Receipt of Complaint of Discrimination in the Bid Process**

The office of contract compliance shall accept complaints of alleged discrimination during the bid process regarding any participant in the bid process. Where the complaint of discrimination is specific to the procurement which is under consideration by the city, the office of contract compliance may investigate said complaint, determine its validity, and determine whether the actions complained of impact the bidder's responsiveness on the specific procurement. Allegations of discrimination based on events, incidents or occurrences which are unrelated to the specific procurement will be placed in the bidder's file maintained in the vendor relations database and handled in accordance with the procedure established in the city's vendor relations subdivision, section 2-1465, et seq.

(b) **Determination of Violation of EBO Process**

Where the office of contract compliance investigates a complaint of discrimination that is related to the specific bid process, the details of that investigation, including findings, shall be recorded and maintained in the vendor relations database, pursuant to section 2-1471.

(c) **Office of Contract Compliance Determination of Non-Compliance**

When, based upon the totality of the circumstances, the office of contract compliance determines that a bidder fails to satisfy the requirements of section 2-1448(a) of a city bid solicitation, the director of the office of contract compliance shall present a written determination of non-compliance to the Chief Procurement Officer which states the determination and lists the reasons for the determination. A bid that does not comply with the requirements set forth in section 2-1448(a) shall be deemed non-responsive and rejected.

### **Equal Business Opportunity Program Bid/RFP Submittals**

The Office of Contract Compliance will make any determination of non-responsiveness. The covenant of non-discrimination, the outreach efforts documentation, the subcontractor project plan, and any other information required by OCC in the solicitation document pursuant to section 2-1448 must be completed in their entirety by each bidder and submitted with the other required bid documents in order for the bid to be considered as a responsive bid. Failure to timely submit these forms, fully completed, will result in the bid being considered as a non-responsive bid, and therefore, excluded from consideration.

### **Monitoring Of EBO Policy**

Upon execution of a contract with the City of Atlanta, the successful bidder's Subcontractor Project Plan will become a part of the contract between the bidder and the City of Atlanta. The Subcontractor Project Plan will be monitored by the City of Atlanta's Office of Contract Compliance for adherence with the plan. The successful bidder will be required to provide specific EBO information on a monthly basis that demonstrates the use of subcontractors and suppliers as indicated on the Subcontractor Project Plan. The failure of the successful bidder to provide the specific EBO information by the specified date each month shall be sufficient cause for the City to withhold approval of the successful bidder's invoices for progress payments, increase the amount of the successful bidder's retainage, or evoke any other penalties as set forth in the City of Atlanta Code of Ordinances, Section 2-1452.

### **Implementation of EEO Policy**

The City effectuates its EEO policy by adopting racial and gender work force availability for every contractor performing work for the City of Atlanta. These percentages are derived from the work force demographics set forth in the 2000 Census EEO file prepared by the United States Department of Commerce for the applicable labor pool normally utilized for the contract.

### **Monitoring of EEO Policy**

Upon award of a contract with the City of Atlanta, the successful bidder must submit a Contract Employment Report (CER), describing the racial and gender make-up of the firm's work force. If the CER indicates that the firm's demographic composition does not meet the adopted EEO goals, the firm will be required to submit an affirmative action plan setting forth the steps to be taken to reach the adopted goals. The CER and the affirmative action plan, if necessary, will become a part of the contract between the successful bidder and the City of Atlanta. Compliance with the EEO requirements will be monitored by the Office of Contract Compliance.

### **First Source Jobs Program Policy Statement**

It is the policy of the City of Atlanta to provide job opportunities to the residents of the City of Atlanta, whenever possible. Every contract with the City of Atlanta creates a potential pool of new employment opportunities. The prime contractor is expected to work with the First Source Jobs Program to fill at least 50% of all new entry-level jobs, which arise from this project, with residents of the City of Atlanta. For more specific information about the First Source Jobs Program contact:

**Michael Sterling  
Interim Executive Director  
First Source Jobs Program  
Atlanta Workforce Development Agency  
818 Pollard Boulevard  
Atlanta, GA 30315  
(404) 546-3001**

**Equal Business Opportunity M/FBE Availability for this Project**

**Project No.: FC-7936, Employee Benefits RFP**

The EBO availability for the trade categories listed in this project are:

**14.9% AABE and 8.3% FBE**

**Note: Subcontractor participation will be calculated based on administrative cost of the overall contract amount.**

Please be reminded that no Bidder shall be awarded a contract on an Eligible Project unless the Office of Contract Compliance determines that the Bidder has satisfied the non-discrimination requirements of section 2-1448 on such Eligible Project. Details of the O.C.C. review process for determination of non-discrimination are detailed on page 2 of this document.

### **Equal Business Opportunity Program Reminders**

1. **Certification.** It is the prime contractor's responsibility to verify that MBEs and FBEs included on the Subcontractor Project Plan are certified by the City of Atlanta's Office of Contract Compliance, or have a certification application pending with the City of Atlanta's Office of Contract Compliance.
2. **Reporting.** The successful bidder must submit monthly EBO participation reports to the Office of Contract Compliance.
3. **Subcontractor Contact Form.** It is required that bidders list and submit information on all subcontractors they solicit for quotes, all subcontractors who contact them with regard to the project, and all subcontractors they have discussions with regarding the project. Failure to provide complete information on this form will result in your bid being declared non-responsive.
4. **EBO Ordinance.** The EBO Program is governed by the provisions of the EBO Ordinance set forth in the City of Atlanta Code Division 12, section 2 - 1441 through 2 -1464. The ordinance can be obtained from the City of Atlanta Clerk's Office at (404) 330-6032.
5. **Supplier Participation.** In order to receive full M/FBE credit, suppliers must manufacture or warehouse the materials, supplies, or equipment being supplied for use on the Eligible Project.

**COVENANT OF NON-DISCRIMINATION**

The undersigned understands that it is the policy of the City of Atlanta to promote full and equal business opportunity for all persons doing business with the City of Atlanta. The undersigned covenants that we have not discriminated, on the basis of race, gender or ethnicity, with regard to prime contracting, subcontracting or partnering opportunities. The undersigned further covenants that we have completed truthfully and fully the required forms EBO-2 and EBO-3. Set forth below is the signature of an officer of the bidding entity with the authority to bind the entity.

\_\_\_\_\_  
Signature of Attesting Party

\_\_\_\_\_  
Title of Attesting Party

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, the person who signed the above covenant in my presence.

\_\_\_\_\_  
Notary Public

Seal

**FORM EBO-1**







# **EQUAL BUSINESS OPPORTUNITY SUBCONTRACTOR PROJECT PLAN** **SUBCONTRACTOR/SUPPLIER UTILIZATION**

List all Majority, Minority and Female Business Enterprise subcontractors/suppliers, including lower tiers, to be used on this project.

Name of Sub-contractor/Supplier	City of Atlanta Supplier ID Number	Company Name, Address and Phone Number	City of Atlanta Business License? (yes or no)	NAICS Code(s)	Type of Work to be Performed	Ownership of Business (see code below)	Certification No. and Expiration Date	Dollar (\$ Value of Work & Scope of Work	Percentage of Total Bid Amount

Total MBE% \_\_\_\_\_  
Total FBE% \_\_\_\_\_

Code: AABE - African American Business Enterprise, HABE - Hispanic American Business Enterprise, FBE - Female Business Enterprise.  
APABE - Asian (Pacific Islander) American Business Enterprise

Proponent's Co. Name: \_\_\_\_\_ Date: \_\_\_\_\_ FC#: \_\_\_\_\_  
Proponent's Contact Number: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

**First Source Job Information**

Company Name: \_\_\_\_\_

FC No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

The following entry level positions will become available as a result of the above referenced contract with the City of Atlanta.

1.

2.

3.

4.

5.

Include a job description and all required qualifications for each position listed above.

Identify a company representative and contact phone number who will be responsible for coordinating with the First Source Jobs Program.

Company Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## First Source Jobs Agreement

**THIS AGREEMENT REGARDING THE USE OF THE FIRST SOURCE JOBS PROGRAM BY CONTRACTORS WITH THE CITY OF ATLANTA TO FILL ENTRY LEVEL JOBS is made and entered into by \_\_\_\_\_**

**This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.**

The City of Atlanta requires the immediate beneficiary or primary contractor for every eligible project to enter into a First Source Jobs employment agreement. The contractor agrees to the following terms and conditions:

- The first source for finding employees to fill all entry level jobs Created by the eligible project will be the First Source Program.
- The contractor will make every effort to fill 50% of the entry level jobs created by this eligible project with applicants from the First Source Program.
- The contractor shall make good faith effort to reach the goal of this employment agreement.
- Details as to the number and description of each entry level job must me provided with the bid.
- The contractor shall comply with the spirit of the First Source Jobs Policy beyond the duration of this agreement and continue to make good faith attempts to hire employees of similar backgrounds to those participating in the First Source Program.
- The contractor as a condition of transfer, assignment or otherwise shall require the transferee to agree in writing to the terms of the employment Agreement.

Upon a determination that a beneficiary or contractor has failed to comply with the terms of this Agreement, the City may impose the following penalties based on the severity of the non-compliance:

- The City of Atlanta may withhold payment from the contractor.
- The City of Atlanta may withhold 10 percent of all future payments on the contract until the contractor is in compliance
- The City of Atlanta may refuse all future bids on city projects or applications for financials assistance in any form from the City until the contractor demonstrated that the First Source requirements have been met, or cancellation of the eligible project.
- The City of Atlanta may cancel the eligible project.

All terms stated herein can be found in the City of Atlanta Code of Ordinances Sections 5-8002 through 5-8005.

The undersigned hereby agrees to the terms and conditions set forth in this agreement.

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Contractor

FORM 5

## **Attachment 2**

### **BCBS National Drug List**

# National Drug List

Drug list — Three (3) Tier Drug Plan

*Blue Cross Blue Shield of Georgia prescription drug benefits include medications available on the BCBS of GA National Drug List. Our prescription drug benefits can offer potential savings when your physician prescribes medications on the drug list.*

## Blue Cross Blue Shield of Georgia National Drug List

Your prescription drug benefit includes coverage for medicines that you'll find on the BCBS of GA National Drug List. You can often find more savings when your doctor prescribes medicine that is on our drug list. Here are some commonly asked questions and answers about how the drug list works with your prescription drug plan.

### Q. What is a Drug List?

A. The BCBS of GA National Drug List, also called a formulary is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the National Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our drug list. This group meets regularly to review new and existing drugs and they choose the top drugs for our list — based on their safety, how they work and their value. Because the drugs on our list are reviewed from time to time, it's a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to [bcbsga.com](http://bcbsga.com).

### Q. What are Tiers?

A. Drugs on the BCBS of GA National Drug List are grouped into tiers. There are several factors that are used to determine under which tier a drug will be put in. This can include (but it's not limited to):

- Cost of the drug
- Cost of the drug in comparison to other drugs used for the same type of treatment
- Availability of over-the-counter options
- Other clinical and cost factors.

### Q. What is a brand-name drug?

A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

### Q. What is a generic drug?

A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.

### Q. What if my doctor or I choose a brand-name drug when a generic version is available?

A. In most cases, you would be responsible for the Tier 1 copay plus an additional cost share for the cost difference between the brand-name medication and the generic version.

### Q. What are “clinically equivalent” medications? How does this affect my drug coverage?

A. When drugs are compared in studies, some drugs have been found to be just as effective as others. These drugs are called “clinically equivalent” so it means they work just as well. Part of the P&T Process is to review the most current studies to see if multiple drugs used to treat a disease or a condition have the same effect on a patient. When this is the case, the Process review team may suggest that we cover only the lower cost drug (so we can help keep the overall cost of care as low as possible). This means your specific drug plan may not cover some drugs (indicated by a ^ symbol next to the drug name) that have clinically equivalent options.

### Q. What if my medication is not covered?

A. You may want to first check with your doctor about prescribing a drug that is covered. If your doctor prescribes a drug that's not covered, you will need to pay the out of pocket cost that applies to drugs not on the formulary.

### Q. Is this list a complete listing of all covered drugs under the National Drug List?

A. No. This document lists the most commonly used drugs that are covered as part of the National Drug List. If the drug you are looking for is not listed, you may call customer service for more information.

Please note that your coverage may be subject to limitations and exclusions. For example, drugs used for cosmetic purposes may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for more information.



## For more information about your drug plan, you can do the following:

- Go to [bcbsga.com](http://bcbsga.com)
- Call customer service at the number on your ID card
- Speech and hearing impaired users (TDD/TTY) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET
- Bring a copy of this drug list to your next doctor's visit to help you and your doctor select the lowest cost medicine

### Tier Drug List Definition

**Tier 1** – Lower copayment – Drugs that offer the greatest value compared to others that treat the same conditions. Some of these are generic versions of brand-name drugs.

**Tier 2** – Medium copayment – Brand name drugs that are generally more affordable. Drugs may also be on this tier because they are “preferred” among other drugs that treat the same conditions. This may be based on how well they work, if they have less side effects, if they’re more affordable, etc.

**Tier 3** – Higher copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generic versions in Tier 1 and may cost more than the generic versions on lower tiers.

### Tier 1

Abacavir  
 Abacavir/lamivudine/zidovudine  
 Acamprosate  
 Acarbose  
 Acebutolol  
 Acetaminophen/caffeine/butalbital, **QL**  
 Acetaminophen/caffeine/butalbital/codeine, **QL**  
 Acetazolamide, SR  
 Acetic acid  
 Acetic acid otic  
 Acetic acid/aluminum acetate  
 Acetic acid/hydrocortisone  
 Acetylcysteine  
 Acitretin  
 Acyclovir cap, tab, oint.  
 Adapalene  
 Adderall XR  
 Albuterol  
 Albuterol/ipratropium  
 Alendronate, **QL**  
 Alfuzosin  
 Allopurinol  
 Alprazolam  
 Amantadine  
 Amcinonide  
 Amethia  
 Amethia lo  
 Amiloride  
 Amiloride/hydrochlorothiazide  
 Aminophylline  
 Amiodarone  
 Amitriptyline  
 Amitriptyline/chlordiazepoxide  
 Amitriptyline/perphenazine  
 Amlodipine, **DO, QL**  
 Amlodipine/atorvastatin, **DO**  
 Amlodipine/benazepril  
 Amlodipine/valsartan, **DO, QL**  
 Amlodipine/valsartan/hctz, **DO, QL**  
 Amnesteem, **QL**  
 Amoxapine  
 Amoxicillin  
 Amoxicillin/clavulanate, ER, **QL**  
 Amphetamine  
 Amphetamine-dextroamphetamine  
 Amphetamine-dextroamphetamine ER, **ST#^**  
 Ampicillin  
 Anastrozole, **PA**  
 Antipyrine/benzocaine  
 Apri  
 Asa/codeine  
 Aspirin/caffeine/butalbital

Aspirin/caffeine/dihydrocodeine  
 Atenolol  
 Atenolol/chlorthalidone  
 Atorvastatin, **DO, QL**  
 Atovaquone  
 Atovaquone/proguanil  
 Atropine sulfate  
 Aviane  
 Azathioprine  
 Azelastine eye drops, **QL**  
 Azelastine nasal spray, **QL**  
 Azithromycin, **QL**  
 Bacitracin zinc/polymyxin B  
 Bacitracin/polymyxin/neomycin-hc oph oint  
 Baclofen  
 Balsalazide  
 belladonna/PB  
 Belladonna/phenobarbital  
 Benazepril, HCTZ  
 Benzoyl peroxide  
 Benzoyl peroxide/clindamycin  
 Benzoyl peroxide/erythromycin  
 Benztropine  
 Betamet diprop/prop gyl  
 Betamethasone dipropionate  
 Betamethasone valerate  
 Betaxolol  
 Bethanechol  
 Bicalutamide  
 Bisoprolol  
 Bisoprolol/HCTZ  
 Brimonidine  
 Bromfenac  
 Bromocriptine  
 Budeprion XL, **DO, QL**  
 Budesonide 0.25mg/2ml, 0.5mg/2ml, **QL**  
 Budesonide EC  
 Budesonide Nasal Spray, **QL**  
 Bumetanide  
 Buprenorphine, **QL**  
 Buprenorphine/naloxone tablet, **QL**  
 Bupropion, **QL**  
 Buspirone  
 Butalbital Compound w/ Codeine  
 Butorphanol tartrate 10mg/ml N.S., **QL**  
 Cabergoline  
 Calcipotriene  
 Calcipotriene/betamethasone  
 Calcium Acetate  
 Camrese  
 Candesartan, **DO, QL**  
 Candesartan/HCTZ, **DO, QL**  
 Capecitabine, **PA**  
 Captopril, HCTZ  
 Carbamazepine, ER

Carbidopa  
 Carbidopa/levodopa  
 Carbidopa/levodopa CR  
 Carbidopa/levodopa/entacapone  
 Carisoprodol  
 Carteolol hcl  
 Cartia XT, **DO, QL**  
 Carvedilol  
 Cefaclor  
 Cefaclor ER  
 Cefadroxil  
 Cefdinir  
 Cefpodoxime  
 Cefprozil  
 Ceftibuten  
 Cefuroxime, **QL**  
 Cephalixin  
 Cevimeline  
 Chloral hydrate  
 Chlordiazepoxide  
 Chlorhexidine gluconate  
 Chloroquine 250mg  
 Chlorothiazide  
 Chlorphen/pyrilamine/phenylephrine  
 Chlorpheniramine/pseudoephedrine  
 Chlorpromazine tab  
 Chlorpropamide  
 Chlorthalidone  
 Chlorzoxazone  
 Cholestyramine, light  
 Chorionic gonadotropin  
 Ciclopriox  
 Cimetidine  
 Ciprofloxacin, **QL**  
 Citalopram, **DO, QL**  
 Clemastine fumarate  
 Clindamycin  
 Clobetasol  
 Clomiphene  
 Clomipramine  
 Clonazepam  
 Clonidine  
 Clonidine ER  
 Clopidogrel, **QL**  
 Clorazepate  
 Clotrimazole/betamethasone  
 Clozapine, ODT  
 Codeine sulfate tabs  
 Codeine/APAP, **QL**  
 Cromolyn  
 Cyclobenzaprine  
 Cyclopentolate  
 Cyclophosphamide tabs  
 Cyproheptadine  
 Danazol  
 Dantrolene  
 Desipramine  
 Desloratadine, ODT, **QL**  
 Desmopressin acetate  
 Desonide  
 Desoximetasone  
 Dexmethylphenidate, ER  
 Dextroamphetamine

Dextromethorphan/guaifenesin  
 Diazepam  
 Diclofenac potassium  
 Diclofenac Sodium Gel, **PA, QL**  
 Diclofenac sodium Ophth.  
 Diclofenac sodium solution  
 Diclofenac, ER  
 Diclofenac/misoprostol, **ST**  
 Diclloxacin  
 Dicyclomine  
 Didanosine  
 Diflorasone diacetate  
 Diflunisal  
 Digoxin  
 Dihydroergotamine nasal spray, **QL**  
 Diltia XT, **DO, QL**  
 Diltiazem  
 Diltiazem CD, **DO, QL**  
 Diltiazem CR, **DO, QL**  
 Diltiazem SR, **DO, QL**  
 Diphenhydramine 50mg  
 Diphenoxylate/atropine sulfate  
 Dipivefrin HCl  
 Dipyrindamole  
 Disopyramide  
 Disopyramide CR 150mg  
 Disulfiram  
 Divalproex, ER  
 Donepezil  
 Dorzolamide  
 Dorzolamide/timolol  
 Doxazosin mesylate  
 Doxepin  
 Doxercalciferol  
 Doxycycline (except 40mg capsule)  
 Doxycycline DR, **ST**  
 Doxycycline monohydrate  
 Dronabinol  
 Duloxetine, **DO, QL**  
 Dyphylline  
 Econazole  
 Enalapril, HCTZ  
 Enoxaparin  
 Entacapone  
 Entecavir  
 Epinastine  
 Eprosartan, **QL**  
 Ergotamine  
 Ergotamine/belladonna/PB  
 Erythromycin  
 Erythromycin base  
 Erythromycin ethylsuccinate  
 Erythromycin/sulfisoxazole  
 Escitalopram, **DO, QL**  
 Estradiol  
 Estradiol/norethindrone, **PA**  
 Estropipate  
 Eszopiclone, **QL**  
 Ethambutol

Ethinyl estradiol/ ethynodiol diacetate	Guaifenesin SR	Letrozole, <b>PA</b>	Metronidazole	Ofloxacin, <b>QL</b>	Potassium chloride
Ethinyl estradiol/ norethindrone	Guaifenesin/dextrometh	Leucovorin	Mexiletine	Olanzapine, ODT	Potassium citrate
Ethosuximide	Guaifenesin/hydrocodone	Leuprolide, <b>PA</b>	Miconazole nitrate	Olanzapine/fluoxetine	Potassium citrate-citric acid
Etodolac	Guanabenz	Levalbuterol neb soln., <b>QL</b>	Microgestin	Olopatadine nasal spray, <b>QL</b>	Pramipexole
Etodolac ER	Guanfacine, ER	Levetiracetam, ER	Midodrine		Pramoxine/hc/ chloroxylenol
Etoposide	Halobetasol	Levobunolol	Minocycline	Omega-3 ethyl ester 1 gram capsule, <b>ST</b> ^	Pravastatin, <b>DO, QL</b>
Exemestane, <b>PA</b>	Haloperidol	Levocetirizine, <b>QL</b>	Minoxidil	Omeprazole, <b>QL</b>	Prazosin
Famciclovir	Heparin	Levofloxacin, <b>QL</b>	Mirtazapine	Omeprazole/bicarb, <b>QL</b>	Prednisolone
Famotidine	Homatropine	Levonorgestrel & ethinyl estradiol	Misoprostol	Ondansetron, <b>QL</b>	Prednisolone sodium phosphate
Felbamate	Hydralazine	Levonorgestrel (emergency OC)	Modafinil, <b>DO, PA, QL</b>	Orphenadrine	Prednisone
Felodopine, <b>DO, QL</b>	Hydralazine/HCTZ	Levora	Moderiba	Orphenadrine cpd	Prenatal multivitamins and minerals/iron/folic acid
Fenofibrate (except 50 and 150mg capsule)	Hydrochlorothiazide	Levorphanol tartrate	Moexipril, HCTZ	Orphenadrine cpd Forte	
Fenofibric acid	Hydrocodone w/ homatropine	Levothyroxine	Mometasone ointment, cream	Oxaprozin	
Fenofibric acid, delayed release, <b>QL</b>	Hydrocodone/APAP, <b>QL</b>	Levothyroxine	Montelukast, <b>QL</b>	Oxazepam	
Fenoprofen 600mg	Hydrocodone/ chlorpheniramine	Lidocaine	Morphine ER, <b>QL</b>	Oxcarbazepine	
Fentanyl, <b>PA, QL</b>	Hydrocortisone 2.5% cream, ointment, lotion	Lidocaine Patch	Morphine sulfate	Oxybutynin	
Fexofenadine, <b>QL</b>	Hydrocortisone enema	Lidocaine viscous	Moxifloxacin, <b>QL</b>	Oxycodone	
Fexofenadine/PSE 12hr, <b>QL</b>	Hydrocortisone/ pramoxine	Liothyronine	Multivitamins w/fluoride	Oxycodone ER, <b>QL</b>	
Finasteride	Hydromorphone	Lisinopril, HCTZ	Multivitamins w/folic acid	Oxycodone/APAP, <b>QL</b>	
Flecainide	Hydromorphone ER, <b>QL</b>	Lithium	Mupirocin cream, oint	Oxycodone/aspirin	
Fluconazole	Hydroxychloroquine	Loperamide	Mycophenolate acid	Oxymorphone, ER, <b>QL</b>	
Flucytosine	Hydroxyurea	Lorazepam	Mycophenolate mofetil	Oxytocin	
Fludrocortisone	Hydroxyzine HCL	Losartan, <b>DO, QL</b>	Nabumetone	Pantoprazole, <b>QL</b>	
Flunisolide Nasal Spray, <b>QL, ST</b>	Hydroxyzine pamoate	Losartan/HCTZ, <b>DO, QL</b>	Nadolol	Paricalcitol caps	
Fluocinolone acetonide	Hyoscyamine	Lovastatin, <b>DO, QL</b>	Naltrexone hcl	Paroxetine, SR, <b>DO, QL</b>	
Fluocinonide	Ibandronate tablets, <b>QL, ST</b>	Low-ogestrel	Naphazoline	Penicillin V.K.	
Fluorometholone	Ibuprofen	Loxapine	Naproxen	Pentamidine isethionate	
Fluorouracil (except 0.5% cream)	Imipramine	Mebendazole	Naproxen EC	Pentazocine nx	
Fluoxetine, <b>DO, QL</b>	Imiquimod, <b>QL</b>	Meclizine	Naproxen sodium, DS	Pentazocine/apap	
Fluphenazine	Indapamide	Meclofenamate	Naratriptan, <b>QL</b>	Pentoxifylline	
Flurazepam	Indomethacin, SR	Medroxyprogesterone	Nateglinide	Pergolide	
Flurbiprofen	Ipratropium bromide neb soln/nasal spray, <b>QL</b>	Mefenamic acid	Necon	Perindopril	
Flurbiprofen sodium	Irbesartan, <b>DO, QL</b>	Mefloquine	Neomycin	Permethrin	
Flutamide	Irbesartan/HCTZ, <b>DO, QL</b>	Megestrol	Neomycin/ dexamethasone	Perphenazine	
Fluticasone Nasal Spray, <b>QL</b>	Iron combination capsule	Meloxicam, <b>QL</b>	Neomycin/polymyxin/ hydrocortisone	Phenazopyridine	
Fluvastatin, <b>DO</b>	Iron/B12/folic acid	Meperidine	Neomycin/polymyxin/ bacitracin	Phenelzine	
Fluoxamine, ER, <b>DO, QL</b>	Iron/intrinsic factor/B12	Meperidine w/ promethazine	Neomycin/polymyxin/ dexamethasone	Phenobarbital	
Folic acid	Isometh/caffeine/APAP	Mercaptopurine	Neomycin/polymyxin/ gramicidin	Phenyleph hcl/hydrocod bit/cp	
Fondaparinux	Isometh/dichlphen/APAP	Metaproterenol	Neosol	Phenyleph/chlorphen/ carbata	
Fosinopril, <b>DO, QL</b>	Isoniazid	Metaxalone	Nevirapine, ER	Phenyleph/chlorphen/ hydrocodone	
Fosinopril HCTZ	Isosorbide dinitrate	Metformin, ER	Next Choice, <b>QL</b>	Phenyleph-ephed-cpd w/ carbetapentane	
Furosemide	Isosorbide mononitrate	Meth/salicylate/ atropine/hyos benzoic	Niacin ER	Phenyleph-pyrimamine w/ hydrocodone	
Gabapentin	Isotretinoin, <b>QL</b>	Methadone	Nicardipine	Phenylephrine	
Galantamine, SR	Itraconazole, <b>PA</b>	Methamphetamine	Nifedipine	Phenylephrine/ promethazine/codeine	
Ganciclovir IV	Ivermectin	Methazolamide	Nifedipine ER, <b>DO, QL</b>	Phenytol	
Gatifloxacin eye drops	Jinteli	Methenamine/hyosc- meth blue/sod biphos- phenyl sal	Nimodipine	Phospho 250	
Gemfibrozil	Ketoconazole	Methylphenidate, CD, ER, SR	Nisoldipine, <b>DO, QL</b>	Pilocarpine	
Gentamicin	Ketoprofen, ER	Methylprednisolone	Nitrofurantoin	Pindolol	
Gianvi	Ketorolac, <b>QL</b>	Metoclopramide	Nitrofurantoin mono	Pioglitazone, <b>QL</b>	
Glimepiride	Ketorolac tromethamine	Metolazone	Nitroglycerin	Pioglitazone/glimepiride, <b>QL</b>	
Glipizide XL	Labetalol	Metoprolol, SR	Nitroglycerin ointment	Pioglitazone/Metformin, <b>QL</b>	
Glipizide/metformin	Lactulose	Metoprolol/HCTZ	Nitroglycerin patch	Piroxicam	
Glyburide	Lamivudine 150, 300mg		Nitroglycerin spray	Polyethylene glycol- electrolyte solution	
Glyburide micronized	Lamivudine HBV 100mg		Nitroglycerin SR	Polymyxin B/ trimethoprim	
Glyburide/metformin	Lamivudine/zidovudine		Nizatidine	Pot. & Sod. Citrates w/ citric acid	
Glycolax	Lamotrigine, ER		Norethindrone		
Granisetron, <b>QL</b>	Lansoprazole, <b>QL</b>		Nortriptyline		
Griseofulvin	Lansoprazole/amoxicillin/ clarithromycin pack, <b>QL</b>		Nystatin		
Guaifenesin	Latanoprost		Nystatin/triamcinolone		
	Leflunomide		Ocella		
			Octreotide		

Salsalate	Torsemide	Alphagan P 0.1%	Ethmozine	Neosar	Symlin
Selegiline	Tramadol, ER 100, 200, 300mg, <b>QL</b>	Altanax	Evamist	Nexavar, <b>PA</b>	Synthroid
Selenium sulfide	Tramadol/APAP, <b>QL</b>	Amitiza	Exelon Patch	Nexium 40mg capsule and packets, <b>QL</b>	Tamiflu, <b>QL</b>
Sertraline, <b>DO, QL</b>	Trandolapril	Analpram HC lotion	Exelon Solution	Nilandron	Tarceva, <b>PA</b>
Sevelamer carbonate	Trandolapril/verapamil	Androgel, <b>PA, QL</b>	Fansidar	Nitro-Bid	Tasigna, <b>PA, ST</b>
Sildenafil, <b>PA, QL</b>	Tranylcypromine	Anoro Ellipta, <b>QL</b>	FazaClo ODT	Nitro-Dur 0.3, 0.8mg/hr	Tazorac, <b>PA</b>
Silver sulfadiazine	Travoprost drops	Apriso	Felbatol	Norpace CR 100mg	Tegretol, XR
Simvastatin, <b>DO, PA, QL</b>	Trazodone	Armour Thyroid	Fem HRT 0.5/2.5	Norvir	Teslac
Sinelee Patch	Tretinoin, <b>PA</b>	Asacol	Femara	Novolin N, R, 70/30	Testim, <b>PA, QL</b>
Sirolimus	Tretinoin micro gel, <b>PA</b>	Asmanex, <b>QL</b>	Femtrace	Novolog	Thalomid, <b>PA</b>
Sodium citrate & citric acid	Triamcinolone acetonide topical, nasal	Astepro, <b>QL</b>	Finacea, <b>PA</b>	Nuvaring, <b>QL</b>	Theo-24
Sodium fluoride	Triamterene/HCTZ	Atripla	Flovent, HFA, <b>QL</b>	One Touch Product Line, <b>QL</b>	Tilade
Sodium polystyrene sulfonate	Triazolam	Atrovent HFA, <b>QL</b>	Fluoroplex	Ortho Tri-Cyclen Lo, <b>QL, ST<sup>∞</sup></b>	Tobradex oint.
Sodium sulfacetamide/sulfur	Trifluoperazine	Avodart	Foradil, <b>QL</b>	OxyContin, <b>QL</b>	Topamax
Sotret, <b>QL</b>	Trifluridine	Axiron, <b>PA, QL</b>	Fortovase	Pacerone	Toviaz
Spironolactone	Trihexyphenidyl	AsaSite	Fosamax Plus D, <b>QL</b>	Pancrelipase	Tradjenta, <b>QL, ST</b>
Spironolactone/HCTZ	Trimethobenzamide	Azilect	Furadantin	Pentasa	Transderm-Scop
Stannous fluoride	Trimethoprim	Azopt	Furoxone	Perforomist, <b>QL</b>	Travatan Z
Stavudine	Tri-nessa	Beptoptic S	Fuzeon	Plexion	Truvada
Sucralfate	Triple sulfa	BiDiI	Gabitril	Pradaxa, <b>QL</b>	Tussicaps
Sulfacet sod w/sulfur	Triple vitamins w/fluoride	Breo Ellipta, <b>QL</b>	Gantrisin	Pramosone 1% cream only, oint, lotion	Twinject
Sulfacetamide sodium solution	Trivora	Brilinta, <b>QL</b>	Geodon inj.	Premarin oral, vaginal cream	Ultrase
Sulfacetamide sodium/prednisoloneophth sol.	Tropicamide	Bydureon, <b>QL, ST</b>	Gleevec, <b>PA</b>	Premphase	Uniphyl
Sulfamethoxazole/trimethoprim, DS	Tropium, ER	Byetta, <b>QL, ST</b>	Glucagon	Prempro	Vagifem
Sulfasalazine, EC	Trypsin/balsam peru/castor oil	Calciferol drops	Glyset	Priftin	Valcyte Tabst
Sulfinpyrazone	Urea	Canasa	Halflytely	Primaquine	Valturna, <b>DO, QL</b>
Sulindac	Ursodiol	Capitol	Humalog	Pristiq, <b>DO, QL</b>	Veltin, <b>ST</b>
Sumatriptan tabs, nasal spray and inj., <b>QL</b>	Valacyclovir	CeeNU	Humibid Cap Sprinkle	ProAir HFA, <b>QL</b>	Ventolin HFA, <b>QL</b>
Tacrolimus caps	Valganciclovir	Cellcept	Humulin N, R, 50/50, 70/30	Procanbid	Veramyst, <b>QL</b>
Tacrolimus ointment, <b>ST</b>	Valproic acid	Ciprodex	Intal Inh.	Prograf	VESicare
Tamoxifen	Valsartan, <b>DO, QL</b>	Climara Pro	Invirase	Protopic, <b>ST<sup>†</sup></b>	Victoza, <b>QL, ST</b>
Tamsulosin	Valsartan/HCTZ, <b>DO, QL</b>	Clozaril	Iressa	Pulmicort Flexhaler, <b>QL</b>	Videx soln.
Telmisartan, <b>DO, QL</b>	Vancomycin caps	Colcrys, <b>QL</b>	Jalyn	Pulmicort Respules 1mg/2ml, <b>QL</b>	Vigamox
Telmisartan/amlodipine, <b>DO, QL</b>	Venlafaxine, ER	Combigan	Janumet, XR, <b>QL, ST</b>	QVAR, <b>QL</b>	Viracept
Telmisartan/HCTZ, <b>DO, QL</b>	Verapamil, SR	CombiPatch	Januvia, <b>QL, ST</b>	Ranexa	Viramune XR 100mg
Temazepam	Voriconazole, <b>PA</b>	Combivent Respimat, <b>QL</b>	Jentaduo, <b>QL, ST</b>	Rapamune	Viread
Temozolomide, <b>PA</b>	Warfarin	Complera	Juvisync, <b>QL, ST</b>	Renvela <sup>†</sup>	Vivelle Dot
Terazosin	Westhroid	Coreg XR	Kaletra	Rescriptor	Voltaren gel
Terbinafine	Xulane	Coumadin	Keppra, XR	Restasis	Vyvanse, <b>PA</b>
Terbutaline	Yohimbine	Creon	Kuvan, <b>PA</b>	Retrovir	Welchol
Terconazole	Zafirlukast	Crestor, <b>DO, QL</b>	Kuzyme	Revlimid, <b>PA, QL</b>	Xarelto, <b>QL</b>
Theophylline	Zaleplon, <b>QL, ST</b>	Crixivan	Lamictal	Reyataz	Yodoxin
Theophylline SR	Zeosa	Cuprimine	Lanoxicaps	Ridaura	Zarontin
Theophylline syrup	Zidovudine	Cytadren	Lantus	Rifamate	Zenpep
Thioridazine	Ziprasidone	Dapsone	Leukeran	Risperdal Consta	Ziagen soln.
Thiothixene	Zolmitriptan, ODT, <b>QL, ST</b>	Daraprim	Levothroid	Savella, <b>QL</b>	Zortress
Thyroid	Zolpidem, ER, <b>QL</b>	Delzicol	Lexiva	Serevent Diskus, <b>QL</b>	Zylet
Tiagabine	Zonisamide	Depakote, ER	Lialda	Seroquel XR	Zytiga, <b>PA</b>
Ticlopidine	<b>Tier 2</b>	Diastat, <b>QL</b>	Linza	Simbrinza	
Timolol	Abilify	Dibenzylamine	Loestrin 24 FE, <b>QL, ST<sup>∞</sup></b>	Spiriva, <b>QL</b>	
Tinidazole	Acanya	Differin 0.1% lotion	Lotemax soln, oint	Spiriva Respimat, <b>QL</b>	
Tizanidine	Accu-chek Product Line, <b>QL</b>	Dilantin	Lumigan	Sprycel, <b>PA</b>	
Tobramycin	Actonel (except 150mg), <b>QL</b>	Divigel	Matulane	Stendra, <b>PA, QL</b>	
Tobramycin/Dexamethasone Susp.	Actonel with Calcium, <b>QL</b>	Dulera, <b>QL</b>	Medrol 2mg	Strattera	
Tolmetin	ActoPlus Met XR, <b>QL</b>	Durezol, <b>QL</b>	Menest	Stribild	
Tolterodine, ER	Advair Diskus, HFA, <b>QL</b>	Dymista, <b>QL</b>	Mephylon	Suboxone SL Film, <b>PA, QL</b>	
Topiramate	Advicor, <b>DO</b>	Edurant	Mestinon timespan	Sustiva	
	Agenerase	Elidel, <b>ST</b>	Mintezol	Sutent, <b>PA</b>	
	Akne-Mycin	Eliquis, <b>QL</b>	Moxeza	Symbicort, <b>QL</b>	
	Alkeran	Emcyt, <b>PA</b>	Myleran		
		Emtriva	Namenda, XR		
		Epipen, JR.	Nasonex, <b>QL</b>		
		Epivir HBV solution	Nebupent		
		Epzicom	Neoral		
		Estring			

ActoPlus Met, <b>QL</b>	Benicar, <b>HCT, DO, QL</b>	Cytaxon	Exelon	Humatrope, <b>PA, QL</b>	Lupron Depot 7.5, 22.5,
Actos, <b>QL</b>	Benlysta, <b>PA</b>	Daliresp, <b>QL</b>	Exforge, <b>DO, QL</b>	Humira, <b>PA, QL</b>	30, and 45mg, <b>PA</b>
Acular, <b>LS</b>	Benzaclin, <b>ST</b>	DDAVP injection	Exforge HCT, <b>DO, QL</b>	Hybolin, <b>PA</b>	Lupron Depot-Ped, <b>PA</b>
Acuvail	Bepreve, <b>QL, ST^</b>	Delatestryl	Extavia, <b>ST</b>	Hyzaar, <b>DO, QL</b>	Luxiq
Adasuve	Besivance	Denavir	Fabior foam, <b>PA</b>	Ilaris, <b>PA</b>	Luzu Cream
Adcirca, <b>PA</b>	Betaseron, <b>ST</b>	Depen	Factive, <b>QL</b>	Ilevro	Lyrica, <b>PA, QL</b>
Adderall	Bethkis	Depo-Estradiol	Fanapt	Imbruvica, <b>PA</b>	Makena, <b>PA</b>
Adempas	Betimol	Depo-Testosterone	Farxiga, <b>QL, ST</b>	Imitrex, <b>QL</b>	Malarone
Aerospan, <b>QL</b>	Beyaz, <b>QL, ST<sup>∞</sup></b>	Derma-Smoother FS	Fem HRT 1/5	Imitrex Nasal Spray, <b>QL</b>	Marinol
Aggrenox, <b>QL</b>	Biaxin XL	Desvenlafaxine ER, <b>DO, QL</b>	Femara, <b>PA</b>	Incivek, <b>PA</b>	Mavik
Akynzeo, <b>QL</b>	Binosto, <b>QL</b>	Detrol, <b>LA</b>	Femring	Inderal XL	Maxair, <b>QL</b>
Alamast, <b>QL, ST^</b>	Blephamide	Dexilant, <b>QL, ST^</b>	Fenofibrate 50 and 150mg capsule	Infergen	Maxalt, <b>MLT, QL</b>
Aldara, <b>PA, QL</b>	Boniva IV, <b>QL, ST</b>	Dexpak	Fenoglide	Innohep	Maxaquin, <b>QL</b>
Alferon-N	Boniva tab, <b>QL, ST</b>	Diclegis, <b>PA, QL</b>	Fenopropfen 400mg	Intermezzo, <b>QL, ST</b>	Maxidex
Allegra, <b>D, QL, ST^</b>	Brintellix, <b>DO, QL, ST</b>	Differin 0.1% cream, gel, <b>PA</b>	Fentora, <b>PA, QL</b>	Intron A, <b>PA</b>	Mepron
Alcicril, <b>QL, ST^</b>	Brisdelle	Differin 0.3% gel	Ferric Citrate	Intuniv	Methergine
Alomide, <b>QL, ST^</b>	Bunavail, <b>PA, QL</b>	Difcid	Fetzima ER, <b>DO, PA, QL</b>	Invega, Sustenna	Methitest
Alora	Bupap	Dilaudid	Fibricor	Invokamet, <b>QL, ST</b>	MetroGel
Alphagan P 0.15%	Butrans	Diovan, <b>DO, QL</b>	Fioricet	Invokana, <b>QL, ST</b>	MetroLotion
Alsuma, <b>QL</b>	Bystolic	Diovan HCT, <b>DO, QL</b>	Fioricet with Codeine	Jardiance, <b>QL, ST</b>	Miacalcin Spray, <b>QL</b>
Altace	Caduet, <b>DO</b>	Dorix, <b>ST^</b>	Firazy, <b>PA</b>	Jublia	Micardis, <b>HCT, DO, QL</b>
Altoprev, <b>DO, ST</b>	Cambia, <b>QL</b>	Dovonex	First Testosterone	Juxtapid, <b>PA</b>	Migranal, <b>QL</b>
Alupent Inhaler	Capex Shampoo	Doxycycline 40mg capsule	First-Lansoprazole	Kadian, <b>QL, ST</b>	Minastrin 24 FE, <b>ST<sup>∞</sup></b>
Alvesco, <b>QL</b>	Capoten	Duac	First-Omeprazole	Kazano, <b>QL, ST</b>	Minivelle
Ambien, <b>QL</b>	Capozide	Duavee	Flector, <b>ST</b>	Keralac	Mirapex, <b>ER</b>
Ambien CR, <b>QL, ST</b>	Cardene, <b>SR, DO, QL</b>	Duetact, <b>QL</b>	Flomax	Ketek	Mirvaso Gel, <b>PA</b>
Amerge, <b>QL</b>	Cardizem CD, <b>LA, DO, QL</b>	Duexis, <b>QL, ST^</b>	Flonase, <b>QL</b>	Khedeza ER, <b>DO, QL</b>	Mitigare
Amoxicillin ER	Cardura, <b>XL</b>	Dutoprol	Floxin Otic	Kineret, <b>PA</b>	Moban
Ampyra, <b>PA, QL</b>	Casodex	Dynacirc, <b>CR, DO, QL</b>	Fluorouracil 0.5% Cream	Kombiglyze, <b>QL, ST</b>	Mobic, <b>QL</b>
Anadrol-50, <b>PA</b>	Catapres TTS	Ecoza Foam	Fluoxetine 60mg, <b>QL</b>	Korlym, <b>PA</b>	Morgidox, <b>DO, ST</b>
Androderm, <b>PA, QL, ST</b>	Caverject, <b>PA, QL</b>	Edarbi, <b>DO, QL</b>	FML Forte	K-Phos	Multaq
Android, <b>PA</b>	Cayston	Edarbyclor, <b>QL</b>	FML S	Kristalose	Muse, <b>PA</b>
Anoro Ellipta, <b>QL</b>	Cedax	Edex, <b>PA, QL</b>	Focalin, <b>XR</b>	Kytril, <b>QL</b>	Myambutol
Antabuse	Ceftin, <b>QL</b>	Edluar SL, <b>ST</b>	Follistim AQ~	Lamictal XR	Mycobutin
Antara	Celebrex, <b>QL, ST</b>	Effexor, <b>XR, DO, QL</b>	Forfivo XL, <b>QL</b>	Lamisil Spray	Myfortic
Anzemet, <b>QL</b>	Cenestin	Elestat, <b>QL, ST^</b>	Fortamet	Lamisil Tablet	Myrbetriq ER, <b>ST</b>
Apidra, <b>ST</b>	Cetrotide	Eliphos, <b>ST</b>	Forteo, <b>PA, QL</b>	Lastacaft, <b>QL, ST^</b>	Mysoline
Aplenzin, <b>DO, QL</b>	Chemet	Ella	Fortesta, <b>PA, QL</b>	Latuda	Naftin
Apriso	Cialis, <b>PA, QL</b>	Emadine, <b>QL, ST^</b>	Fosamax, <b>QL</b>	Lazanda, <b>PA, QL</b>	Nardil
Aptiom	Ciloxan	Embeda, <b>QL</b>	Fosrenol, <b>ST</b>	Lescol, <b>XL, DO, QL, ST</b>	Nasacort AQ, <b>QL, ST</b>
Aquachloral Supporettes	Cimzia, <b>PA, QL</b>	Emend, <b>QL</b>	Fragmin	Letairis	Nasarel, <b>QL</b>
Aranesp, <b>PA</b>	Cipro XR, <b>QL</b>	Enablex, <b>ST</b>	Frova, <b>QL, ST</b>	Leukine, <b>PA</b>	Natazia, <b>QL, ST<sup>∞</sup></b>
Arcapta, <b>QL</b>	Clarinox, <b>D, QL, ST^</b>	Enbrel, <b>PA, QL</b>	Fulyzaq, <b>PA</b>	Levaquin, <b>QL</b>	Neo-Synalar
Aricept	Cleocin Vaginal Cream	Entocort EC	Furadantin	Levitra, <b>PA, QL</b>	Nesina, <b>QL, ST</b>
Arimidex, <b>PA</b>	Climara	Entyvio, <b>PA, QL, ST</b>	Fycompa	Lexapro, <b>DO, QL</b>	Neuac
Arixtra	Clobex	Epaned	Ganirelix	Lidoderm Patch	Neulasta, <b>PA, QL</b>
Aromasin, <b>PA</b>	Clocortolone cream	Epiduo	Gastrocrom	Lidodextrapine Patch	Neumega
Arthrotec, <b>ST</b>	Coartem	Epivir	Gelnique, <b>ST</b>	Lipitor, <b>DO, QL, ST^</b>	Neupogen, <b>PA</b>
Astagraf XL	Codeine sulfate solution	Epivir HBV tablets	Generess FE, <b>QL, ST<sup>∞</sup></b>	Lipofen	Neupro, <b>QL</b>
Astelin, <b>QL</b>	Colazal	Epogen, <b>PA</b>	Genotropin, <b>PA, QL</b>	Liptruzet, <b>QL, ST</b>	Neurontin
Atacand, <b>DO, QL</b>	Colestid	Esbriet, <b>PA, QL</b>	Geodon caps	Livalo, <b>DO, QL, ST</b>	Nexium 20mg capsule, <b>QL, ST^</b>
Atacand HCT, <b>DO, QL</b>	Combivir	Esclim	Giazol	Lo Loestrin FE, <b>QL, ST<sup>∞</sup></b>	Niacor
Aubagio, <b>PA, QL</b>	Comtan	Esomeprazole Strontium, <b>PA, QL, ST^</b>	Gilenya, <b>PA, QL</b>	Lo Minastrin FE, <b>ST<sup>∞</sup></b>	Niaspan, <b>QL, ST^</b>
Augmentin, <b>XR, QL</b>	Concerta	Estrace vaginal cream	Gilotrif, <b>PA</b>	Lomedia 24 FE, <b>ST<sup>∞</sup></b>	Nitrolingual spray
Auvi-Q, <b>PA</b>	Conzip ER	Estraderm	Glumetza	Loprox gel	Norditropin, <b>PA, QL</b>
Avalide, <b>DO, QL</b>	Copaxone 20mg, <b>PA~</b>	Estrasorb	Gonal-f, <b>FFF</b>	Loprox shampoo	Norinyl 1+50, <b>QL, ST<sup>∞</sup></b>
Avandamet, <b>QL, ST</b>	Copaxone 40mg, <b>PA</b>	Estrogel	Gralise ER	Lorabid	Noroxin, <b>QL</b>
Avandaryl, <b>QL, ST</b>	Cordran	Evista	Granix, <b>PA</b>	Lorzone	Northera
Avandia, <b>QL, ST</b>	Coreg	Evoxac	Grastek, <b>PA, QL</b>	Lotemax gel	Norvasc, <b>DO, QL</b>
Avapro, <b>DO, QL</b>	Cortifoam	Exalgo, <b>QL, ST</b>	Grifulvin V	Lotrel	Noxafil
Avelox, <b>QL</b>	Cosopt, <b>PF</b>	Exelderm	Harmoni, <b>PA, QL</b>	Lovaza, <b>QL, ST^</b>	Nucynta, <b>ER, QL, ST</b>
Avinza, <b>QL, ST</b>	Covera HS, <b>QL</b>		Hectorol	Lunesta, <b>QL</b>	Nutropin, <b>AQ, PA, QL</b>
Avonex, <b>PA~</b>	Cozaar, <b>DO, QL</b>		Hemangeol	Lupaneta, <b>PA</b>	Nuvigil, <b>PA, QL</b>
Axert, <b>QL, ST</b>	Crinone		Hetlioz, <b>PA, QL</b>	Lupron Depot 3.75mg, 11.25mg, <b>PA</b>	Nymalize
Azor, <b>DO, QL</b>	Cyclophosphamide caps		Histex, <b>SR</b>		OFEV, <b>PA, QL</b>
Baraclude	Cycloset		Horizant ER		Olux E
Beconase AQ, <b>QL, ST</b>	Cymbalta, <b>DO, QL</b>				

Olysio, <b>PA, QL</b>	Pramosone 2.5%	Restoril	Subutex, <b>QL</b>	Tudorza Pressair, <b>QL</b>	Xeljanz, <b>PA, QL</b>
Omeclamox-Pak	Prandimet	Retin-A Micro, <b>PA</b>	Suclear	Tussionex ER	Xeloda, <b>PA</b>
Omnaris, <b>QL, ST</b>	Prandin	Revatio, <b>PA, QL</b>	Sular, <b>DO, QL</b>	Twynsta, <b>DO, QL</b>	Xerac AC
Omnicef	Pravigard	Rhinocort Aqua, <b>QL, ST</b>	Sumavel Dosepro, <b>QL, ST</b>	Tybost	Xgeva, <b>PA, QL</b>
Omnitrope, <b>PA, QL</b>	Precose	Riax Foam	Suprax, <b>QL</b>	Uceris	Xifaxan, <b>QL, ST</b>
Onfi	Pred Mild 0.12%	Rilutek	Surfaxin	Uloric, <b>ST</b>	Xigduo XR, <b>QL, ST</b>
Onglyza, <b>QL, ST</b>	Pred-G	Risperdal, <b>M</b>	Sylatron	Ultram, <b>ER, QL</b>	Xolair, <b>PA</b>
Onmel, <b>PA</b>	Prefest	Roxicet, <b>QL</b>	Sylvant, <b>PA</b>	Ultravate X	Xopenex HFA, <b>QL</b>
Onsolis, <b>PA, QL</b>	Prenate Elite	Rozerem, <b>QL, ST</b>	Symbyax	Ultresa	Xopenex Neb. Soln., <b>QL</b>
Opana	Prevacid, <b>QL, ST^</b>	Ruconest	Synagis, <b>PA</b>	Uniretic	Xyrem, <b>PA, QL</b>
Opana ER, <b>QL, ST</b>	Prevpac, <b>QL</b>	Rythmol, <b>SR</b>	Synalar	Univasc	Xyzal, <b>QL, ST^</b>
Opsumit	Prilosec, <b>QL, ST^</b>	Ryzolt, <b>QL</b>	Synarel, <b>PA</b>	Urocit-K	Yasmin
Optivar, <b>QL, ST^</b>	Primaxin, <b>QL</b>	Safyral, <b>QL, ST^</b>	Tanzeum, <b>QL, ST</b>	Uroxatral	Yaz
Oralair, <b>PA, QL</b>	Prinivil	Saizen, <b>PA, QL</b>	Tapazole	Valcyte soln	Zegerid, <b>QL, ST^</b>
Oraxyl	Prinzide	Sanctura, <b>XR, ST</b>	Tarka	Valtrex	Zemplar caps
Orencia, <b>PA, QL</b>	Procrit, <b>PA</b>	Sancuso, <b>QL</b>	Tecfidera, <b>PA, QL</b>	Vascepa, <b>QL, ST^</b>	Zenzedi, <b>PA</b>
Orenitram ER	Prolensa	Sandonstatin LAR	Tekamlo, <b>DO, QL</b>	Vaseretic	Zerit
Ortho Evra	Prolia, <b>PA, QL</b>	Sandostatin	Tekturna, <b>HCT, DO, QL</b>	Vasotec	Zeruvia Patch
Oseni, <b>QL, ST</b>	Prometrium	Saphris	Temodar, <b>PA</b>	Vecamyl	Zestoretic
Otezla, <b>PA, QL, ST</b>	Prostin E2 Supp	Sarafem	Tequin, <b>QL</b>	Velphoro, <b>PA, ST</b>	Zestril
Otrexup	Protonix, <b>QL, ST^</b>	Seasonale	Testopel, <b>PA</b>	Ventavis, <b>PA</b>	Zetia, <b>QL, ST</b>
Ovace	Proventil HFA, <b>QL</b>	Seasonique	Testosterone Gel, <b>PA, QL</b>	Verelan PM, <b>DO, QL</b>	Zetonna, <b>QL, ST</b>
Ovcon-50, <b>QL, ST^</b>	Provigil, <b>DO, PA, QL</b>	Seroquel	Tevetren, <b>PA</b>	Versacloz	Ziagen tabs
Ovidrel, <b>PA</b>	Prozac, Weekly, <b>QL</b>	Serostim, <b>PA, QL</b>	Tevetren, <b>HCT, QL</b>	Vesanoid	Zioptan
Oxandrin, <b>PA</b>	Pulmicort Respules	Simcor, <b>QL</b>	Tev-Tropin, <b>PA, QL</b>	Vexa	Zithranol
Oxecta	0.25mg/2ml, 0.5mg/2ml, <b>QL</b>	Simponi, <b>PA, QL</b>	Thyrogen	Vexol	Zithromax, <b>QL</b>
Oxtellar XR	Pulmozyme	Simponi Aria, <b>PA, QL~</b>	Tiazac, <b>DO, QL</b>	Vfend, <b>PA</b>	Zmax, <b>QL</b>
Oxytrol, <b>ST</b>	Purixan, <b>PA</b>	Singulair, <b>QL</b>	Tivicay	Viagra, <b>PA, QL</b>	Zocor, <b>DO, PA</b>
Pancreaze	Qnasl, <b>QL, ST</b>	Sirturo	Tobi	Victrelis, <b>PA</b>	Zofran, <b>QL</b>
Panretin	Qroxin Patch	Sitavig	Tobi Podhaler	Videx EC	Zohydro ER, <b>PA, QL, ST</b>
Paricalcitol vial	Quaaliquin, <b>PA, QL</b>	Sivextro, <b>PA, QL</b>	Tobradex susp.	Viibryd, <b>QL, ST</b>	Zolof, <b>DO, QL</b>
Parnate	Quartette, <b>ST^</b>	Skelaxin	Tobrex	Vimovo, <b>QL, ST^</b>	Zolpimist, <b>QL, ST</b>
Pataday, <b>QL, ST^</b>	Qudexy XR	Solodyn, <b>PA, ST^</b>	Topiramate ER	Vimpat	Zomig, ZMT, <b>QL, ST</b>
Patanase, <b>QL</b>	Quillivant XR	Soma	Toprol XL	Viokace	Zontivity, <b>PA</b>
Patanol, <b>QL, ST^</b>	Ragwitek, <b>PA, QL</b>	Somatuline	Toradol, <b>QL</b>	Viramune	Zorbtive, <b>PA, QL</b>
Paxil CR, <b>DO, QL</b>	Rasuvo	Somavert	Tracleer	Virasal	Zorvolex, <b>QL, ST^</b>
Pegasys, <b>PA, QL</b>	Rayos DR	Sonata, <b>QL, ST</b>	Tramadol ER 150mg, <b>QL</b>	Vituz	Zovirax Cream, <b>PA, QL</b>
Peg-Intron, <b>PA</b>	Razadyne, ER	Soriatane CK	Treximet, <b>QL, ST</b>	Vivactil	Zovirax Oint
Penlac	Rebif, <b>PA~</b>	Sorilux foam	Tricor	Vogelxo, <b>PA, QL, ST</b>	Zubsolv, <b>PA, QL</b>
Pennsaid, <b>ST</b>	Rectiv	Sovaldi, <b>PA, QL</b>	Triglide	Voltaren Opth	Zyclara, <b>PA, QL</b>
Pertzye DR	Relenza, <b>QL</b>	Spectracef	Trileptal	Vytone	Zydelig, <b>PA</b>
Phoslo, <b>ST</b>	Relpax, <b>QL, ST</b>	Sporanox Solution, <b>PA</b>	Trilipix, <b>QL</b>	Vytorin, <b>QL, ST</b>	Zyflo
Picato, <b>PA, QL</b>	Relyyxs Patch	Stadol, <b>QL</b>	Tri-Nasal	Wellbutrin XL, <b>DO, QL</b>	Zykadia, <b>PA</b>
Plan B, <b>QL</b>	Remicade, <b>PA</b>	Starlix	Triumeq	Wellbutrin, <b>SR, DO</b>	Zyprexa Relprevv
Plavix, <b>QL</b>	Renagel, <b>ST</b>	Staxyn, <b>PA, QL</b>	Trizivir	Westhroid-P	Zyprexa, Zydis
Plegridy, <b>PA, ST</b>	Renovo Patch	Stelara, <b>PA, QL</b>	Trokendi XR	Winstrol, <b>PA</b>	Zyvox, <b>PA, QL</b>
Poly-Histine Elixir	Requip, <b>XL</b>	Striant, <b>PA, QL, ST</b>	Trovan	WP Thyroid	
Poly-Pred	Rescula	Striverdi Respimat, <b>QL</b>	Trulicity, <b>QL, ST</b>	Xalatan	
Potiga		Subsys, <b>PA</b>	Trusopt	Xartemis XR, <b>QL, ST</b>	

## KEY

- † = A generic equivalent of this drug recently became available or will be available soon. After the generic drug becomes available and notification requirements are met, this brand-name drug will become Tier 3 or may no longer be covered by your prescription drug plan. Check [bcbsga.com](http://bcbsga.com) to find out about changes in tier status.
- ^ = This product has clinically equivalent alternatives included on the drug list and, as a consequence, such product may not be covered under your pharmacy benefit. Please consult your on-line pharmacy account through your health plan website, [bcbsga.com](http://bcbsga.com), for details on coverage.
- ~ = Preferred step therapy drug; drug has been chosen to be tried first when treating some conditions.
- PA = **PRIOR AUTHORIZATION REQUIRED.** Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.
- QL = **QUANTITY LIMITS.** Certain prescription drugs have specific quantity limits per prescription or per month.
- ST = **STEP THERAPY REQUIRED.** You may need to use one medication before benefits for the use of another medication can be authorized. Please note: Foradil and Serevent are safety edits that prevent duplication of therapy.
- ST∞ = **STEP THERAPY MAY BE REQUIRED.** You may need to use one medication before benefits for the use of another medication can be authorized. This step therapy may not be required if there is a history of a paid claim for this medication in the prior 6 months.
- DO = **DOSE OPTIMIZATION REQUIRED.** Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.

Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Member Services at the telephone number listed on your identification card.

**For more information,  
please visit [bcbsga.com](http://bcbsga.com).**

- **If you have additional questions about your prescription benefits please call the Member Services number on your ID card**
- **Speech and hearing impaired (TDD/TTY users) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET**
- **For the most current version of this prescription drug list, please visit [bcbsga.com](http://bcbsga.com)**
- **Bring a copy of this drug list to your next doctor's visit to assist in selecting the lowest cost medications**

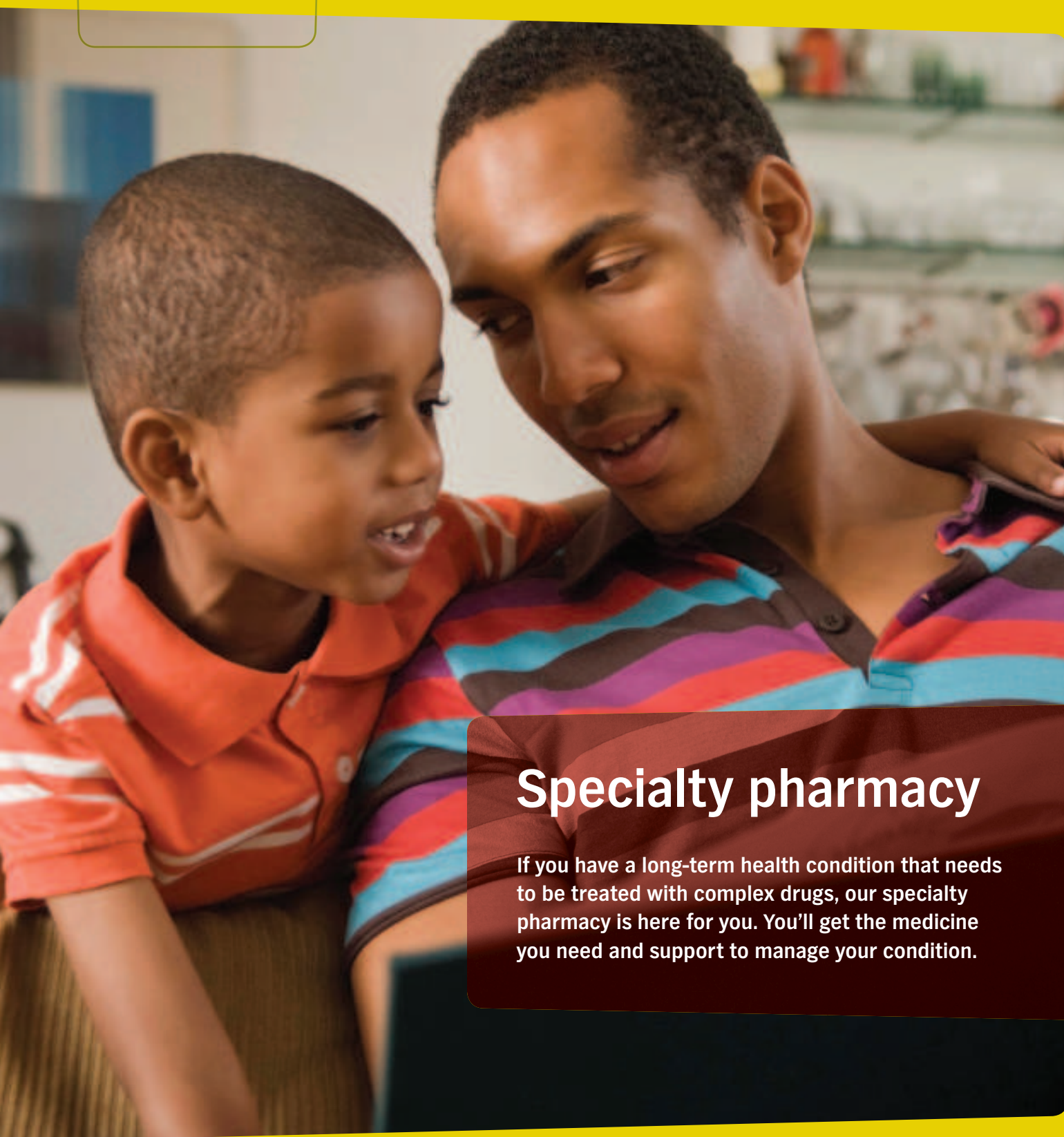






## **Attachment 3**

### **BCBS Specialty Pharmacy Information**



## Specialty pharmacy

If you have a long-term health condition that needs to be treated with complex drugs, our specialty pharmacy is here for you. You'll get the medicine you need and support to manage your condition.

### What is a specialty pharmacy?

A specialty pharmacy provides medicine for people with long-term health conditions. Specialty drugs come in different forms like pills or liquids. And some need to be injected, infused or inhaled. These drugs often need special storage and handling and may be given to you by a doctor or nurse.

The specialty pharmacy is for people with conditions that include:

- Asthma
- Bleeding disorders
- Cancer
- Crohn's disease
- Cystic fibrosis
- Growth hormone deficiency
- Hepatitis
- HIV/AIDS
- Iron overload
- Living with a transplant
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)

### Your specialty pharmacy team.

You don't have to manage your health condition alone. Our team of experts is here to help you get the best results from your treatments.

- Pharmacists can explain your condition, how your drugs work and possible side effects. They can also answer urgent drug questions after hours.
- Nurses help you stay on track with your medicine. They make sure you're taking it just how the doctor prescribes. They can also help you deal with your side effects.
- Plus, the pharmacy has a team that can answer questions about insurance, paying for your medicine, refilling drugs and much more.

### Getting started with the specialty pharmacy.

Our specialty pharmacy is CuraScript, which is part of Express Scripts. Express Scripts is the company that processes drugs for your health plan.

---

#### A note about your pharmacy information on the web:

Express Scripts is the company that manages your drug plan. The first time you're sent to the Express Scripts website, you'll go through a brief registration. The purpose is to set your preferences for email and privacy. You'll do this only once.

Please do not go directly to the Express Scripts website. The only way to make sure you're viewing your pharmacy information correctly is by logging in to [bcbsga.com](http://bcbsga.com) first.

Your plan may require you to use CuraScript. Other plans let you choose from a list of specialty pharmacies, including CuraScript. You can visit [bcbsga.com](http://bcbsga.com) or call the phone number on your member ID card to be sure.

After getting a prescription from your doctor, place your first order with CuraScript by phone or fax.

**By phone:** Call 800-870-6419, Monday through Friday, 8 a.m. to 10 p.m., or Saturday, 9 a.m. to 1 p.m., Eastern time.

**By fax:** Ask your doctor to fax your prescription and a copy of your member ID card to 800-824-2642. (Faxes must come from your doctor's office. Please don't fax from your home or office.)

### Ordering refills.

Once you're ready to refill your medicine, you can place your order online or on the phone.

**Online:** Visit [bcbsga.com](http://bcbsga.com).

- Log in and click "Refill a Prescription." You will be sent to the Express Scripts website.
- Choose the drugs you want to refill and click "Add Refills to Cart."
- Review the order, shipping method, payment and other details. Make changes if needed.
- Click "Place My Order."

**By phone:** Have your member ID card and prescription number ready. Call 800-870-6419 and choose "Place a Refill Order" from the menu. Or press zero any time to speak with someone. If you are speech or hearing impaired, call 800-221-6915. Follow the prompts to place your order.



# Specialty drug list

The specialty drugs listed below are included in your plan.

## Acromegaly

- Octreotide
- Sandostatin
- Somatuline
- Somavert

## Adrenocortical ins.

- Acthar HP

## Alcohol dependency

- Vivitrol

## Asthma

- Xolair

## Atrial fib/flutter

- Tikosyn

## Cancer

- Actimmune

## Cervical dystonia

- Botox
- Dysport
- Myobloc
- Xeomin

## Cystic fibrosis

- Pulmozyme
- Tobi

## Endometriosis

- Leuprolide
- Lupr Dep-Ped
- Lupron

## Enzyme replacement

- Aldurazyme
- Myozyme
- Naglazyme

## Fabry's disease

- Fabrazyme

## Gaucher's disease

- Ceredase
- Cerezyme

## Genital warts

- Alferon N

## Growth hormone/IGF-1

- Genotropin
- Humatrope
- Increlex
- Norditropin

- Nutropin
- Nutropin AQ
- Omnitrope
- Saizen
- Tev-Tropin

## Hemophilia A

- Wilate

## Hemophilia/blood disorders

- Advate
- Alphanate
- Alphanine SD
- Bebulin VH
- Beneix
- Ceprotin
- Feiba VH
- Helixate
- Hemoil T
- Humate-P
- Koate-DVI
- Kogenate FS
- Monoclate-P
- Mononine
- Novoseven
- Proinline
- Recombinate
- Stimate
- Xyntha

## Hepatitis B

- Baraclude
- Epir HBV
- Hepsera
- Hyperhep B S/D
- Nabi-HB
- Novaplus Nabi-HB
- Tyzeka

## Hepatitis C

- Copegus
- Infergen
- Intron-A
- Pegasys
- Peg-Intron
- Rebetal
- Ribapak
- Ribasphere
- Ribavirin

## HIV/AIDS

- Aptivus
- Atripla
- Combivir
- Crixivan
- Cytovene

- Didanosine
- Emtriva
- Epiriv
- Epzicom
- Fuzeon
- Ganciclovir
- Intelence
- Isentress
- Invirase
- Kaletra
- Lexiva
- Nebupent
- Norvir
- Pentam
- Prezista
- Rescriptor
- Retrovir
- Reyataz
- Selzentry
- Serostim
- Stavudine
- Sustiva
- Trizivir
- Truvada
- Valcyte
- Videx
- Viracept
- Viramune
- Viread
- Vistide
- Zerit
- Ziagen
- Zidovudine

## Idiopathic thrombocytopenia

- Nplate
- Promacta

## Immunodeficiency

- Hizentra

## Infertility

- Bravelle
- Cetrotide
- Chorionic Gonadotropin
- Crinone
- Delestrogen
- Depo-Estradiol
- Endometrin
- First-Progesterone
- Fertinex
- Follistim AQ
- Ganirelix AC
- Gonal-F
- Luveris
- Menopur

- Novarel
- Ovidrel
- Pregnyl
- Procheive
- Profasi
- Progesterone
- Repronex

## IVIg/immune globulin

- Carimune NF
- Flebogamma
- Gamastan S/D
- Gammagard
- Gamunex
- Hyperho-D
- Micrhogam
- Octagam
- Privigen
- Rhogam
- Rhophylac
- Vivaglobin
- Winrho

## Macular degeneration

- Lucentis
- Macugen

## Miscellaneous

- Lioresal Intrathecal
- Prialt
- Rimso 50

## Multiple sclerosis

- Avonex
- Betaseron
- Copaxone
- Rebif
- Tysabri

## Muscle spasms

- Gablofen

## Oncology/oncology associated

- Ainitor
- Alkeran Inj
- Anzemet Inj
- Aranesp
- Aredia
- Avastin
- Bicalutamide
- Camptosar
- Casodex
- Cyclophosphamide Tab
- Dacogen
- Eligard

- Emcyt Cap
- Epogen
- Etoposide Cap
- Firmagon
- Flutamide
- Gleevec
- Kytril Inj
- Leukine
- Lysodren
- Mozobil
- Myleran
- Navelbine
- Neulasta
- Neumega
- Neupogen
- Nexavar
- Novantrone
- Oncaspar
- Pamidronate
- Procrit
- Proleukin
- Purinethol
- Revlimid
- Rituxan
- Sensipar
- Sprycel
- Sutent
- Tabloid
- Tarceva
- Targretin
- Tassigna
- Temodar
- Thalomid
- Thyrogen
- Trelstar LA
- Tretinoin Cap
- Tykerb
- Vantas
- Vesanoid
- Xeloda
- Zinecard
- Zoladex
- Zometa

## Osteoarthritis

- Eulexxa
- Hyalgan
- Orthovisc
- Supartz
- Synvisc
- Synvisc One

## Osteoporosis

- Forteo
- Miacalcin Inj
- Reclast

## Paroxysmal nocturnal hemoglobinuria (PNH)

- Soliris

## Phenylketonuria

- Kuvan

## Pulmonary arterial hypertension (PAH)

- Adcirca
- Letairis
- Revatio

## Precocious puberty

- Synarel
- Supprelin LA

## RA/Crohn's/psoriasis

- Amevive
- Cimzia
- Enbrel
- Gold Sod Thiomalat
- Humira
- Kineret
- Orencia
- Remicade
- Simponi

## RSV prevention

- Synagis

## Short bowel syndrome

- Zorbtive

## Transplant

- Atgam
- Cellcept
- Cyclosporine
- Cyclosporine Modified
- Cytogam
- Gengraf
- Hepagam B
- Imuran Inj
- Mycophenolate
- Myfortic
- Neoral
- Orthoclone
- Prograf
- Rapamune
- Sandimmune
- Thymoglobulin
- Zenapax

## Wilson's disease

- Syprine

This list may change without notice, which may affect your benefit coverage. To be sure the specialty drug is covered, call the specialty pharmacy at 800-870-6419, Monday-Friday 8 a.m.-10 p.m., Eastern time.





## Specialty pharmacy

Specialty drugs treat complex conditions and are often very expensive. The specialty pharmacy manages these drugs to help you control costs – and help your employees get the best results from their treatments.



**BlueCross BlueShield**  
of Georgia



### What is a specialty pharmacy?

A specialty pharmacy provides support and drugs for people with complex, long-term health conditions. Specialty drugs come in different forms like pills or liquids, or they may need to be injected, infused or inhaled. These drugs often need special storage and handling and may be administered by a doctor or nurse.

The specialty pharmacy is for people with chronic conditions that include:

- Asthma
- Bleeding disorders
- Cancer
- Crohn's disease
- Cystic fibrosis
- Growth hormone deficiency
- Hepatitis
- HIV/AIDS
- Iron overload
- Living with a transplant
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)

### Helping your employees manage conditions.

Your employees don't have to handle their health conditions alone. Our specialty pharmacy has a team of experts who work together to improve care. The goal is to help your employees get the best results from their drug therapies.

- **Pharmacists:** Pharmacists are knowledgeable about complex health conditions. They can explain what to expect when starting a new drug, how drugs work and whether they have side effects or interactions. Pharmacists can also answer urgent drug questions after hours.
- **Nurses:** Nurses schedule time to speak with patients. They track drug therapy, help with side effects and work to make sure the specialty drugs are being taken exactly as the doctor prescribes.

- **Patient care advocates:** This team helps people refill prescriptions, answers questions about health insurance and much more.
- **Reimbursement specialists:** If needed, specialists can put people in touch with drug assistance programs to help them afford their medicine.

### Your specialty pharmacy plan.

Our specialty pharmacy is CuraScript, which is part of Express Scripts. Express Scripts is the company that processes prescription drugs for your group health plan.

Plans with an in-network benefit may require employees to use our specialty pharmacy. Other plans let employees choose from a list of specialty pharmacies, including CuraScript. Your group's Summary of Coverage explains your benefits for specialty drugs. You can also visit [anthem.com](https://www.anthem.com) to learn more.



# Specialty drug list

Effective date January 1, 2013

## Age-Related Macular Degeneration

Eylea  
Lucentis  
Macugen  
Visudyne

## Blood Cell Deficiency

Aranesp  
Epogen  
Leukine  
Mozobil  
Neulasta  
Neumega  
Neupogen  
Nplate  
Procrit  
Promacta

## Cancer

Abraxane  
Adcetris  
adriamycin  
adrucil  
Afinitor  
Alferon N  
Alimta  
Alkeran  
amifostine  
Aredia  
Arranon  
Avastin  
Bexxar  
BICNU  
bleomycin sulfate  
Busulfex  
Campath  
Camptosar  
carboplatin  
Cerubidine  
cisplatin  
cladribine  
Clolar  
Cosmegen  
cyclophosphamide  
cytarabine  
dacarbazine  
Dacogen  
dactinomycin  
daunorubicin HCL  
Daunoxome  
Depocyt  
dexrazoxane  
Docefrez  
docetaxel  
Doxil  
doxorubicin HCL  
DTIC-DOME IV  
Eligard  
Elitek  
Ellence  
Eloxatin

Elspar  
epirubicin HCL  
Erbix  
Erivedge  
Erwinaze  
Ethyol  
Faslodex  
Firmagon  
floxuridine  
Fludara  
fludarabine phosphate  
Folotyn  
fudr  
gemcitabine HCL  
Gemzar  
Gleevec  
Halaven  
Herceptin  
Hycamtin  
Idamycin PFS  
idarubicin HCL  
Ifex  
ifosfamide  
ifosfamide-mesna  
Inlyta  
Intron A  
irinotecan HCL  
Istodax  
Ixempra  
Jakafi  
Jevtana  
Kepivance  
Leustatin  
melphalan HCL  
mitomycin  
mitoxantrone HCL  
Mugard  
Mustargen  
Mylotarg  
Navelbine  
Nexavar  
Nipent  
Novantrone  
Oforta  
Oncaspar  
Ontak  
onxol  
oxaliplatin  
paclitaxel  
pamidronate disodium  
Photofrin  
Plenaxis  
Proleukin  
Provenge  
Revlimid  
Rituxan  
Sprycel  
Sutent  
Sylatron  
Tarabine PFS  
Tarceva  
Tasigna

Taxotere  
Temodar  
Thalomid  
Theracys  
thiotepa  
Thyrogen  
toposar  
topotecan HCL  
Torisel  
Totect  
Treanda  
Trelstar LA  
Trisenox  
Tykerb  
Valstar  
Vantas  
Vectibix  
Velcade  
Vidaza  
vinblastine sulfate  
Vincasar PFS  
vincristine sulfate  
vinorelbine tartrate  
Votrient  
Vumon  
Xalkori  
Xeloda  
Xgeva  
Zanosar Sterile Powder  
Zelboraf  
Zevalin  
Zinecard  
Zoladex  
Zolinza  
Zometa  
Zytiga

## Contraceptive

Implanon  
Mirena  
Nexplanon

## Cytomegalovirus

Cytogam  
ganciclovir  
Valcyte  
Vistide

## Endocrine Disorders

Egriftra  
Kuvan  
leuprolide acetate  
Lupron/Depot  
octreotide acetate  
Sandostatin  
Somatuline Depot  
Somavert

## Enzyme Deficiency

Adagen  
Aldurazyme  
Ceredase

Cerezyme  
Fabrazyme  
Lumizyme  
Myozyme  
Naglazyme  
Orfadin  
Sucraid  
VPRIV  
Zavesca

## Growth Hormones

Genotropin  
Geref  
Humatrope  
Increlex  
Norditropin/Nordiflex  
Nutropin/AQ  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zorbtive

## Hemophilia

Advate  
Alphanate  
Alphanine SD  
Bebulin VH Immuno  
Benefix  
Corifact  
Feiba VH Immuno  
Helixate  
Hemofil M  
Humate-P  
Koate-DVI  
Kogenate FS  
Monarc-M  
Monoclate-P  
Mononine  
Novoseven RT  
Profilnine SD  
Proplex T  
Recombinate  
Refacto  
Wilate  
Xyntha

## Hepatitis B

Baraclude  
Bayhep B  
Hepagam B  
Hepsera  
Hyperhep B S-D  
Nabi-HB  
Tyzeka

## Hepatitis C

Copegus  
Incivek  
Infergen  
Pegasys  
Pegintron

Rebetol  
Rebetron  
Ribapak  
ribasphere  
Ribatab  
ribavirin  
Victrelis

## Hereditary Angioedema

Cinryze  
Firazyr

## HIV/AIDS

Agenerase  
Aptivus  
Atripla  
Combivir  
Complera  
Crixivan  
didanosine  
Edurant  
Emtriva  
Epivir  
Epzicom  
Fortovase  
Fuzeon  
Hivid  
Intelence  
Invirase  
Isentress  
Kaletra  
Lexiva  
Norvir  
Prezista  
Rescriptor  
Retrovir  
Reyataz  
Selzentry  
stavudine  
Sustiva  
Trizivir  
Truvada  
Videx  
Viracept  
Viramune  
Viramune XR  
Viread  
Zerit  
Ziagen  
zidovudine

## Immunodeficiency

Actimmune  
Baygam  
Bayrab  
Bayrho-D  
Carimune NF  
Flebogamma  
Gamastan  
Gammagard S-D  
Gammaked  
Gammaplex  
Gammar-P I.V.

Gamunex  
Gamunex-C  
Hizentra  
Hyperrab S-D  
Hyperrho S-D  
immune globulin  
Imogam Rabies-HT  
Iveegam  
Micrhogam Plus  
Octagam  
Panglobulin  
Polygam S-D  
Privigen  
Rhogam Plus  
Rhophylac  
Venoglobulin-S  
Vivaglobin  
Winrho SDF

## Immunosuppressants

Atgam  
Benlysta  
Cellcept  
cyclosporine  
Gengraf  
mycophenolate mofetil  
Myfortic  
Neoral  
Nulojix  
Orthoclone Okt-3  
Prograf  
Rapamune  
Sandimmune  
Simulect  
tacrolimus  
Thymoglobulin  
Zenapax  
Zortress

## Infertility

Bravelle  
Cetrotide  
Chorex-10  
chorionic gonadotropin  
Crinone  
Fertinex  
Follistim  
Ganirelix Acetate  
Gonal-F RFF  
Luvris  
Menopur  
Novarel  
Ovidrel  
Pregnyl  
Prochieve  
Profasi  
Repronex

## Inflammatory Conditions

Actemra  
Amevive





Cimzia  
Enbrel  
Humira  
Ilaris  
Kineret  
Krystexxa  
Orencia  
Remicade  
Simponi  
Stelara

**Iron Toxicity**

deferoxamine mesylate  
Desferal  
Exjade

**Miscellaneous Specialty  
Conditions**

8-Mop  
Apokyn  
Arcalyst  
Arestin  
Botox  
Ceprotin  
Chenodal  
Cystadane  
Dysport  
Gablofen  
Makena  
Myobloc  
Onsolis  
Panretin  
Prialt  
Qutenza  
Rilutek  
Sabril  
Solesta  
Soliris  
Supprelin  
Synarel  
Syprine  
Tikosyn

Vivitrol  
Xenazine  
Xeomin  
Xiaflex  
Xyrem

**Multiple Sclerosis**

Acthar H.P.  
Ampyra  
Avonex  
Betaseron  
Copaxone  
Extavia  
Gilenya  
Rebif  
Tysabrii

**Osteoarthritis**

Euflexxa  
Hyalgan  
Orthovisc  
Supartz  
Synvisc

**Osteoporosis**

Forteo  
Prolia  
Reclast

**Pulmonary**

**Hypertension**

Adcirca  
epoprostenol sodium  
Flolan  
Letairis  
Remodulin  
Revatio  
Tracleer  
Tyvaso  
Veletri  
Ventavis

**Respiratory Conditions**

Aralast  
Cayston  
Glassia  
Kalydeco  
Pulmozyme  
TOBI  
Xolair  
Zemaira

**RSV Prevention**

Synagis

This list may change without notice, which may affect members' benefit coverage.

For more information about drug plan coverage, members can go to [bcbsga.com](http://bcbsga.com) or call customer service at the phone number on their member ID cards.



Blue Cross and Blue Shield of Georgia

[Address]

[City], [State] [ZIP Code]

[FIRST NAME] [LAST NAME]

[ADDRESS]

[CITY, STATE, ZIP]

Dear [FIRST NAME] [LAST NAME]:

Our records show that you are using a specialty medicine and that you're getting it from a retail pharmacy. **Coverage for this medicine will change beginning <DATE> and in order for it to be covered you will have to use one of the specialty pharmacies in our network.** If you stay with your retail pharmacy, the medicine won't be covered and it'll cost you more money.

**If you switch to CuraScript Specialty Pharmacy (or another in-network specialty pharmacy) and get delivery to your home, your coverage will remain the same.**

When you use our preferred specialty pharmacy, CuraScript, you'll get door-to-door service with lots of other benefits and it'll be covered by your health plan. Or you can choose another in-network specialty pharmacy. CuraScript is managed by Express Scripts. Express Scripts already manages the home delivery of other medicines for our members.

**Please switch to CuraScript or another in-network specialty pharmacy before <DATE>:**

- <Drug>
- <Drug>

**Here are the great things that come with CuraScript:**

- One-on-one service from a Pharmacy Care Advocate
- 24/7 phone access to a registered nurse or pharmacist
- A special nursing program that members can join for certain health conditions; the program helps members stick to their drug routines and helps them avoid possible side effects
- Home delivery to the address you choose
- Phone calls that remind you when it's time for a refill
- Special packaging that keep medicines cool, when needed

**It's easy to switch – by phone or fax.**

- **Call: 800-870-6419**, Monday - Friday, 8 a.m. - 10 p.m., Eastern Time
  - Patient Care Advocates can switch over your prescriptions for specialty medications to CuraScript for you.
- **Fax: 800-824-2642**
  - Ask your doctor to fax your prescription(s) and a copy of your insurance card.

**Would you like to choose another specialty pharmacy that's in our network?**

- Go to [bcbsga.com](http://bcbsga.com)
- Look for the *Customer Support* box at the bottom of the page
- Click on the **FAQs**
- Click on the **Forms Library** tab

The Specialty Pharmacy Network List is in the pharmacy section of the forms library.

In addition, to help ensure the safety, quality and effectiveness of the specialty medicine you receive, your prescription will be limited to a 30 day supply. Your co-pay/coinsurance amount will apply.

**You have to use one of our specialty pharmacies beginning <DATE> in order for your specialty medicine to be covered. But you'll get some extra benefits when you switch.**

**Remember, we're always here to help.**

If you have any questions about this letter or your specialty drug, just call the phone number on your member ID card.

Wishing you good health,

**Blue Cross and Blue Shield of Georgia, Inc.**

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Express Scripts, Inc. is a separate company that manages pharmacy services and benefits for members of our health plans.

31362GAMENBGA 10/12

## **Attachment 4**

### **Minnesota Life Certificates and Policy Information**

# Employee Group Term Life Certificate of insurance

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

Revised August, 2014

POLICYHOLDER: City of Atlanta

POLICY NUMBER: 34156-G

## Read Your Certificate Carefully

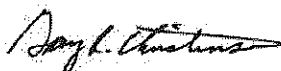
You are insured under the group policy shown on the specifications page attached to this certificate. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

## Right to Cancel

It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with this certificate, you may cancel it by delivering or mailing a

written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate before midnight of the 30th day after you received this certificate.

Notice given by mail and return of the certificate by mail are effective on being postmarked, properly addressed, and postage prepaid. If you return this certificate, you will receive, within 10 days of the date we receive a notice of cancellation, a full refund of any premiums you have paid. Upon cancellation of this certificate, it will be void as if it had never been issued.

  
Secretary

  
President

## TABLE OF CONTENTS

Definitions.....	2
General Information .....	2
Premiums .....	3
Death Benefit.....	4

Termination.....	5
Conversion Right.....	5
Additional Information.....	6

## GROUP TERM LIFE CERTIFICATE OF INSURANCE

## CERTIFICATE SPECIFICATIONS PAGE

### GENERAL INFORMATION Employees and elected officials (council members) revised August 2014

**POLICYHOLDER:** City of Atlanta **POLICY NO.:** 34156-G

**ASSOCIATED COMPANIES:** All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

**POLICY EFFECTIVE DATE:** November 1, 2012

**This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.**

**GROUP:** The group is composed of all active full time employees, elected officials (council members), and retirees of the policyholder and its associated companies, who are legal citizens or legal residents of the United States or Canada in the following class:

Class 1: Active full-time and part-time permanent employees  
Class 3: Elected officials (council members)

In the case of a legal resident, the person will become ineligible for insurance if he or she leaves the United States or Canada for 180 or more consecutive days. Temporary, seasonal or contract employees are not included as eligible employees under this policy.

**ENROLLMENT PERIOD:** Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance, except that retirees may apply for retiree coverage within 90 days after the retiree's first day of retirement.

**WAITING PERIOD:** None

**MINIMUM HOURS PER WEEK REQUIRED:** Full-time employees: 40 hours per week.  
Elected official (council members): 18 hours per week.

**CERTIFICATE EFFECTIVE DATE:** The date that the certificate holder becomes insured under the group policy.

### PLAN OF INSURANCE

#### EMPLOYEE BENEFIT SCHEDULE

##### **EMPLOYEE TERM LIFE INSURANCE:**

###### **Basic Life Insurance**

<u>Eligible Class</u>	<u>Amount of Basic Life Insurance</u>
Class 1: Eligible employees	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.
Class 3: Elected officials (council members)	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.

## **Supplemental Life Insurance**

An amount elected by the employee:

### **Eligible Class**

### **Amount of Supplemental Life Insurance**

Class 1: Eligible employees

An amount in \$10,000 increments, subject to a maximum of \$200,000.

Class 3: Elected officials (council members)

An amount in \$10,000 increments, subject to a maximum of \$200,000.

## **BASIC EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE: Provided under Policy Number 34158-G**

### **GENERAL PROVISIONS FOR EMPLOYEE INSURANCE**

#### **RETIREMENT REDUCTIONS:**

At retirement, a retiree will get \$5,000 basic coverage. In addition, retirees may also elect up to an additional \$5,000, \$10,000 or \$15,000 of "additional" life. Coverage lost due to retirement may be ported or converted.

#### **CONTRIBUTORY/NONCONTRIBUTORY:**

Classes 1 and 3 Basic insurance: the first \$10,000 is noncontributory insurance, any amount above \$10,000 is contributory insurance; supplemental insurance is contributory insurance.

#### **GUARANTEED ISSUE AMOUNT:**

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

Coverage increases due to salary changes are guaranteed issue to the plan maximum.

For supplemental insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy.

For employees who first become eligible after the effective date of this policy:

\$200,000.

#### **EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

#### **EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:**

Increases and decreases due to a change in salary will become effective on the first of the month following the change in salary. Increases and decreases due to a change in eligible class will become effective on the date of the change in eligible class. Evidence of insurability will not be required for an increase in insurance due solely to an increase in salary. All increases are subject to the actively at work requirement.

## DEPENDENTS BENEFIT SCHEDULE

**DEPENDENTS TERM LIFE INSURANCE:** Available if an employee is insured for basic life coverage. Available to Classes 1 and 3.

**Option 1**  
**Spouse/Domestic Partner Life Insurance**

Eligible Class

Classes 1 and 3:

Amount of Spouse/Domestic Partner Life Insurance

\$5,000, not to exceed 100% of the employee's basic amount of life insurance.

**Option 1**  
**Child Life Insurance**

Eligible Class

Classes 1 and 3:

Amount of Child Life Insurance

\$5,000, age 6 months or older not to exceed 100% of the employee's basic amount of life insurance.  
(\$600 from live birth to age 6 months)

**Option 2**  
**DEPENDENTS TERM LIFE INSURANCE:** Available if an employee is insured for basic life coverage. Available to Classes 1 and 3.

Eligible Class

Classes 1 and 3 - Spouse/Domestic Partner

Classes 1 and 3 - Child

Amount of Life Insurance

\$5,000, not to exceed 100% of the employee's basic amount of life insurance.

\$5,000, age 6 months or older not to exceed 100% of the employee's basic amount of life insurance.  
(\$600 from live birth to age 6 months)

**SURVIVOR SPOUSE BENEFIT**  
**(Applies to Classes 1 and 3):**

To obtain this coverage a spouse must be covered for spouse life coverage at the time of the employee's death. Spouse coverage shall continue until the last day of the five- month period that begins on the date of the employee's death, without payment of premium. After this five month period, the surviving spouse may elect to continue his or her \$5,000 life insurance coverage by payment of the required monthly premium.

A surviving spouse who terminates his/her coverage is not eligible to re-enroll in the policy in the future

## **GENERAL PROVISIONS FOR DEPENDENTS INSURANCE**

**CONTRIBUTORY/NONCONTRIBUTORY:** Dependents insurance is contributory insurance.

**GUARANTEED ISSUE AMOUNT:** Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For employees with eligible dependents immediately prior to the effective date of this policy, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy.

For employees who first become eligible for dependents insurance after the effective date of this policy, the guaranteed issue amount is as follows:

For spouse/domestic partner insurance: \$5,000



For child insurance: \$5,000

**EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

**EFFECT OF EMPLOYEE'S RETIREMENT:**

All dependents insurance terminates upon the employee's retirement except as provided under the portability and conversion provisions.

**ADDITIONAL INFORMATION**

**SUICIDE EXCLUSION FOR LIFE INSURANCE:**

Applies only to employee supplemental life and spouse life insurance under this policy.

**WAIVER OF PREMIUM APPLICATION:**

Applies to contributory and noncontributory employee insurance.

**REINSTATEMENT PERIOD:**

None.

An employee's insurance under this certificate will not be reinstated after coverage terminates due to loss of eligibility under the plan. An employee who again becomes eligible after loss of coverage may apply according to the plan of insurance available to newly eligible employees.

**ANNUAL OPEN ENROLLMENT:**

During the policyholder's annual open enrollment, the following election changes can be made without providing evidence of insurability:

- An employee participating in the supplemental life plan or an employee who is electing coverage for the first time, may increase his or her supplemental life coverage by two increments (\$20,000) up to the guarantee issue limit of \$200,000.
- An employee may elect spouse life insurance
- An employee may elect child life amount

Employees who have been previously declined coverage are not eligible without evidence of insurability.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement.

**QUALIFIED STATUS CHANGES:**

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change:

- An employee may increase his or her supplemental life coverage or elect for the first time up to the guarantee issue limit of \$200,000
- An employee may elect spouse life insurance
- An employee may elect child life amount

Employees who have been previously declined for coverage are not eligible without evidence of insurability. Spouses not currently enrolled or who were previously declined coverage are not eligible without evidence of insurability.

Coverage will be effective on the date of the election, subject to the actively at work requirement.

Qualified Status Change for this purpose means:

- Birth or adoption
- Marriage

**RIDER(S) TO THE GROUP POLICY**

Dependents Term Life

Applies to Classes 1 and 3

Waiver of Premium

Applies to Classes 1 and 3

Accelerated Benefits

Applies to Classes 1 and 3

Portability

Applies to Classes 1 and 3

## Definitions

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### **age**

Attained age as of most recent birthday.

### **application**

Your application for insurance under the group policy and, if required, your evidence of insurability application.

### **associated company**

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

### **certificate effective date**

The date your coverage under this certificate becomes effective.

### **contributory insurance**

Insurance for which you are required to make premium contributions.

### **earnings**

Your annual gross base earnings not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

### **employee**

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

### **employer**

The policyholder or any designated associated companies.

### **evidence of insurability**

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

### **insured**

A person who is eligible for and becomes insured according to the terms of this certificate.

### **non-work day**

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal

holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

### **noncontributory insurance**

Insurance for which you are not required to make premium contributions.

### **policyholder**

The owner of the group policy as shown on the specifications page attached to this certificate.

### **specifications page**

The outline which summarizes your coverage under the policyholder's plan of insurance.

### **waiting period**

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page attached to this certificate.

### **we, our, us**

Minnesota Life Insurance Company.

### **you, your, certificate holder**

The insured named on the specifications page attached to this certificate.

## General Information

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### **What is your agreement with us?**

You are insured under the group policy shown on the specifications page attached to this certificate. Your application as defined under this certificate is attached and is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application attached to your certificate and a copy has been provided to you or your beneficiary.

This certificate is issued in consideration of your application and the payment of the required premium.

### **Can this certificate be amended?**

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

### **Who is eligible for insurance?**

You are eligible if you:

- (1) are a member of the group and of an eligible class as defined in the group policy; and
- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this certificate; and
- (3) have satisfied the waiting period as shown on the specifications page attached to this certificate; and
- (4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

### **Are retired employees eligible for insurance?**

If the policyholder's plan of insurance, as reflected in the specifications page attached to this certificate, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

### **What is the actively at work requirement?**

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

### **When will we require evidence of insurability?**

Evidence of insurability will be required if:

- (1) the specifications page attached to this certificate states that evidence of insurability is required; or
- (2) the insurance is contributory and you do not enroll within the enrollment period shown on the specifications page attached to this certificate; or
- (3) the insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) during a previous period of eligibility, you failed to submit required evidence of insurability or that which was submitted was not satisfactory to us; or
- (5) you are insured by an individual policy issued under the terms of the conversion right section.

### **When does insurance become effective?**

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) if required, you apply for the insurance on forms which are approved by us; and
- (3) we are satisfied with your evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

### **Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?**

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff. Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

## **Premiums**

### **When and how often are your premium contributions due?**

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

### **How is the premium determined?**

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period, or following the date that the amount of insurance in force for any one coverage changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are basic life, supplemental life, spouse life, child life and AD&D); or
- (2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 15% from the volume that was used to determine the current rates or more.

## **Death Benefit**

### **What is the amount of the death benefit?**

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this certificate.

### **Can you request a change in the amount of your contributory insurance?**

You can request a change in your contributory insurance amount only during an annual open enrollment period, as determined by the employer, or within 31 days of a Qualified Status Change. Qualified Status Change shall be as determined by the employer.

If you request an increase in the amount of your contributory insurance, we will require evidence of insurability, unless otherwise noted on the specifications page.

### **When will changes in your coverage amount be effective?**

Requested increases in the amount of your contributory insurance, if approved, are effective on the date we approve the increase. Requested decreases in the amount of your contributory insurance are effective on the first day of the month following our receipt of your request for a decrease, or if different, according to the administrative practices of the employer.

Requests for a change made during a special enrollment period offered by the employer will not become effective prior to the general effective date of elections made during that enrollment.

Increases and decreases in insurance amounts which result from a change in your eligible class or earnings will be effective as shown on the specifications page attached to this certificate.

All increases in the amount of insurance are subject to the actively at work requirement.

### **When will the death benefit be payable?**

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that you died while

insured under this certificate. All payments by us are payable from our home office.

The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us, but never less than 0.1% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

### **To whom will we pay the death benefit?**

We will pay the death benefit to the beneficiary or beneficiaries. A beneficiary is named by you to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company of the policyholder as a beneficiary.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. To receive the death benefit, a beneficiary must be living on the date of your death. In the event a beneficiary is not living on the date of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) your lawful spouse, if living, otherwise;
- (2) your natural or legally adopted child (children) in equal shares, if living, otherwise;
- (3) your parents in equal shares, if living, otherwise;
- (4) your brothers and sister in equal shares, if living; otherwise
- (5) the personal representative of your estate.

### **Can you add or change beneficiaries?**

Yes. You can add or change beneficiaries if all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A

change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your notice.

## Termination

### When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

If your coverage under the group policy terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during your lifetime.

### Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within the time period indicated on the specifications page, your coverage may be reinstated.

Provided you are not then covered by an individual policy issued under the terms of the conversion right section, your coverage under the group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. Your amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under the group policy, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

### When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

## Conversion Right

### What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates.

You may convert up to the full amount of terminated insurance if termination occurs because you move from one existing eligible class to another, or you are no longer in an eligible class.

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed to reduce or terminate your insurance.

In such case, you may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

- (a) \$10,000; and
- (b) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date your insurance terminated under the group policy.

Neither the conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

Under both the conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

If you do not receive written notice of the existence of the conversion right under this certificate at least 15 days prior to the expiration date of the conversion period, then you shall have an additional period within which to exercise such right, but nothing herein contained shall be construed to continue any insurance beyond the conversion period provided in this certificate. This additional period shall expired 15 days next after you are given such notice, but in no event shall such additional period extend beyond 60 days next after the expiration date of the period provided in this certificate.

### How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after

your group insurance terminates. No evidence of insurability will be required.

### **How is the premium for the individual policy determined?**

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong on the date of the conversion.

### **When is the individual policy effective?**

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

### **What happens if you die during the 31-day period allowed for conversion?**

If you die during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section.

We will return any premium you paid for an individual policy to your beneficiary named under the group policy. In no event will we be liable under both the group policy and the individual policy.

## **Additional Information**

### **What if your age has been misstated?**

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment will be made so that the actual premium required at your correct age is paid.

### **Is there a suicide exclusion?**

The specifications page attached to this certificate indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid if you, whether sane or insane, die by suicide within two years of the effective date of your insurance.

If there has been an increase in your amount of insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

### **When does your insurance become incontestable?**

Except for the non-payment of premiums, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage. However, if there has been an

increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements you make in your application as defined under this certificate will be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application attached to your certificate and a copy has been provided to you or your beneficiary.

### **Can your insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it

accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

### **Is the policyholder required to maintain records?**

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer this certificate. We own the records relating to the insurance provided by this certificate, and can obtain them from the policyholder at any reasonable time.

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

### **Will the provisions of this certificate conform with state law?**

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

## Dependents Term Life Insurance Certificate Supplement

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

### General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Any Accidental Death and Dismemberment coverage provided by a certificate supplement to your certificate will not apply to dependents coverage provided by this certificate supplement.

#### What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

#### What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your lawful spouse who is not legally separated from you, or your same or opposite sex domestic partner\* who meets any age requirements as shown on the specifications page attached to your certificate; and
- (2) you or your domestic partner's natural children and legally adopted children, and any children living in your home for whom the court appointed you or your domestic partner the legal guardian, or stepchildren, from live birth up to age 26. If a child is incapable of self-sustaining employment because of intellectual disability or physical handicap, and is either institutionalized for the same or chiefly dependent upon you for support and maintenance, coverage may be extended beyond age 26.

Eligible dependent does not include any person who is in the military of any country or who lives outside the United States or Canada.

**\*\*A domestic partner is an individual with whom the insured employee has completed and filed an affidavit of declaration of domestic partnership with the policyholder and filed that affidavit for public record if required by law.**

Domestic partnership means a union in which two individuals (unrelated by blood) of the opposite or same sex choose to share their lives in a committed relationship of mutual caring; who live together and completed and filed an affidavit of declaration of domestic partnership in which they have agreed to be jointly responsible for basic living expenses incurred during the domestic partnership and have filed such affidavit for public record if required by law.

If both parents of a child qualify as eligible employees under the group policy, the child may be covered by one or both parents. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent who, subsequent to the effective date of your certificate supplement for Dependents Term Life Insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

#### When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to your certificate states that evidence of insurability is required; or
- (2) the insurance is contributory and you do not enroll for coverage under this supplement within the enrollment period shown on the specifications page attached to your certificate; or
- (3) dependents insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) during a previous period of eligibility, you failed to submit evidence of insurability that was required for a dependent or that which was submitted was not satisfactory to us; or
- (5) the dependent is insured by an individual policy issued under the terms of the conversion right of this supplement.

#### When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) if required, you apply for dependents coverage on forms which are approved by us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

If a dependent (other than a newborn child) is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. However, in no event will insurance on a dependent be effective before your insurance is effective.



## Death Benefit

### What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page attached to your certificate.

### To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

## Termination

### When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy.

You must notify us or your employer when a dependent is no longer eligible for coverage under this supplement so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this supplement will be refunded without any payment of claim.

### When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date we receive a written request to cancel the Dependents Term Life Insurance Policy Rider; or
- (2) the date the group policy is terminated.

## Additional Information

### What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with Minnesota Life.

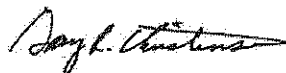
Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

### Do any Waiver of Premium, Extended Benefits, or Total and Permanent Disability supplements to your certificate apply to insured dependents?

Any Waiver of Premium, Extended Benefits, or Total and Permanent Disability supplement to your certificate will not apply to dependents covered under this supplement except as provided for herein.

If, due to your disability, your insurance is continued in force without further payment of premiums due to any Waiver of Premium, Extended Benefits, or Total and Permanent Disability supplement to your certificate, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to any such supplement to your certificate.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement, unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

## Accelerated Benefits Certificate Supplement

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. Certificate holders should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

### General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

#### What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of your death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit.

### Definitions

#### accelerated benefit

The amount of the death benefit we will pay if the insured is eligible under this supplement.

#### death benefit

The amount of the insured's life insurance as shown on the specifications page attached to your certificate.

#### immediate family

Your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

#### insured

For purposes of this supplement, an insured employee, an insured spouse/domestic partner, or an insured dependent child.

#### physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you or a member of your immediate family.

### Terminal Condition

#### What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twelve months or less.

#### What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that the insured's life expectancy, because of sickness or accident, is twelve months or less. That evidence must include certification by a physician.

#### Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured's medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

### Payment of Accelerated Benefit

#### How do we calculate the accelerated benefit?

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

#### How do we calculate the accelerated benefit factor?

The accelerated benefit factor will be stated as a percentage of the insured's death benefit. When we calculate this factor, we will consider the insured's age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

- (1) expected future premiums; and
- (2) the insured's life expectancy.

#### What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) coverage must be in force and all premiums due must be fully paid; and
- (2) application must be made in writing and in a form which is satisfactory to us. We will tell a certificate holder what form is required; and
- (3) you must be the sole owner of the certificate; and
- (4) the insured's insurance must not have an irrevocable beneficiary.

**Who may request an accelerated payment of the death benefit?**

You may request an accelerated payment of the insurance on your life or on the life of a spouse/domestic partner or dependent child insured under your certificate.

**Is the request for an accelerated benefit voluntary?**

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

- (1) is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) is required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

**Is there a minimum or maximum death benefit eligible for an accelerated benefit?**

Yes. The minimum death benefit to be eligible for an accelerated benefit under this rider is \$10,000. The maximum death benefit to be eligible for an accelerated benefit is \$1,000,000.

**Do you have to take the entire accelerated benefit?**

No. You may choose to receive a partial accelerated benefit. If you do so, the insured's remaining coverage will stay in force.

If you elect to receive only a partial accelerated benefit amount available under this supplement, the remaining death benefit under the certificate must be at least \$25,000.

You may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit.

**What is the effect on an insured's coverage of the receipt of an accelerated benefit?**

If you elect to receive accelerated benefits which total the full amount of an insured's death benefit available under this supplement, the insured's coverage and all other benefits under the certificate and any certificate supplements which apply to that insured will end. If you are the insured, any other individual insured under your certificate will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the certificate to which this supplement is attached.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

**How will we pay the accelerated benefit?**

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

**To whom will we pay accelerated benefits?**

All accelerated benefits will be paid to you unless you validly assign them otherwise. If you die before all payments have been made, we will pay the remainder to the your beneficiary named under this certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

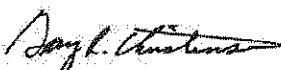
**Termination****When does an insured's coverage under this supplement terminate?**

An insured's coverage ends on the date the insured is no longer covered for life insurance under the group policy.

**When does this supplement terminate?**

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Accelerated Benefits Policy Rider; or
- (2) the date the group policy is terminated.

  
Secretary

  
President

## Term Life Waiver of Premium Certificate Supplement

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

### General Information

This certificate supplement is issued in consideration of the required premium and subject to every term, condition, exclusion, limitation, and provision of your certificate. The specifications page attached to your certificate indicates whether this supplement applies to contributory insurance or noncontributory insurance. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

#### What does this supplement provide?

This supplement provides for waiver of premium if you become totally and permanently disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate which were in force on the date of onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total and permanent disability.

#### What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse, children, parents, grandparents, grandchildren, brothers and sisters and their spouses.

#### What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least six months.

#### Do premiums have to be paid after you become disabled?

Yes. Premiums have to be paid after you become disabled, but only until we approve your total and permanent disability claim. Continued payment prevents the possible loss of your coverage and eligibility if the claim is not approved.

#### What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums.

#### What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for six months or more.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally and permanently disabled. We may also require that you submit to one or more medical examinations at our expense.

If you die within one year of the date of onset of your disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than six months. Your beneficiary must submit due proof satisfactory to us that your total disability, which began before your premium payments were discontinued and before your 60th birthday, continued without interruption until your death.

#### When must we be notified of your disability or death?

We must receive written notice at our home office of your total disability within one year of the date of onset of such disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of your death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement.

#### What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If your certificate provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance.

**How long will insurance be continued without payment of premium?**

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you recover so that you are no longer totally and permanently disabled; or
- (3) the date you fail to furnish proof of continued disability when requested or refuses to submit to a required medical examination.

However, if your certificate provides for termination of insurance at retirement, insurance provided under this supplement will also terminate when you retire, including normal or early retirement. Your retirement date while insurance is being continued by the terms of this supplement shall be the earlier of:

- (1) the date you actually retire; or
- (2) your presumed normal retirement date as established by your employer's applicable retirement plan. If no such date has been established, your presumed retirement date shall be age 65.

**What happens to your insurance when the waiver of premium benefit ends?**

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.
- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of the group policy.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payment is resumed or you apply to convert your coverage.

**When does this supplement terminate?**

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to terminate the Term Life Waiver of Premium Policy Rider; or
- (2) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Term Life Waiver of Premium Policy Rider or of the group policy.

  
Secretary

  
President

# Term Life Insurance Portability Certificate Supplement

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

## General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation and provision of your certificate unless otherwise expressly provided for herein.

### What does this supplement provide?

This supplement provides for continuation of your group life insurance if you no longer meet the eligibility requirements of your certificate except as provided for herein.

To continue coverage under the provisions of this supplement, you must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be your portability date and you are then considered to have portability status.

### Who is eligible to continue insurance under this supplement?

You are eligible to continue your group life insurance under the terms of this supplement if you, except as provided by this supplement, no longer meet the eligibility requirements of your certificate due to any of the following:

- (1) you terminate employment, including retirement; or
- (2) you are no longer in a class eligible for insurance or are on a leave or layoff; or
- (3) a class or group of employees insured under the group policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under the group policy.

You will not be eligible to request coverage under this supplement if you:

- (1) have attained the age of 70; or
- (2) have converted your insurance to an individual life policy under the terms of the group policy's conversion right section; or
- (3) were not actively at work due to sickness or injury on the day immediately preceding your portability date; or
- (4) lose eligibility due to termination of the group policy.

### What insurance can be continued under this supplement?

Contributory and noncontributory insurance may be continued under this supplement. If you elect to continue your own coverage according to the provisions of this supplement, you may also elect to continue contributory insurance for any other individual insured under your certificate. You may also continue coverage under all supplements to your certificate which apply to contributory and noncontributory insurance and by which you were insured immediately preceding your portability date, except the Term Life Waiver of Premium Certificate Supplement, which shall terminate upon porting.

The amount of insurance continued under this supplement for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

### What is the minimum amount of insurance that can be continued under this supplement?

The minimum amount of insurance that can be continued on your life under this supplement is \$10,000. The minimum does not apply to any other insureds covered under this supplement.

### What is the maximum amount of insurance that can be continued under this supplement?

The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on your portability date, but not more than \$450,000 if you are an employee or \$5,000 for a spouse/domestic partner. However, if you are age 65 or older on your portability date, the amount will not be more than 65% of the amount in force on your portability date, to a maximum of \$292,500.

### Will the amount of insurance continued under this rider change?

Yes. When you attain age 65, the amount of insurance on your life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to your attainment of age 65. Insurance terminates at age 70.

### Can you request a change in your amount of insurance continued under this supplement?

Yes. You may elect to reduce the amount of insurance provided under your certificate. Your remaining amount of insurance must be at least \$10,000.

The amount of insurance continued under this supplement will never increase.

**How will premium contributions be paid?**

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

**Can the premium rate change?**

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

**Can insurance continued under this supplement be converted to a policy of individual insurance?**

Yes. At any time after insurance has been continued under the provisions of this supplement, it may be converted to a policy of individual insurance with Minnesota Life. All other conditions and provisions of the conversion right section of your certificate will apply.

**What happens if you again become eligible under your certificate?**

If you are continuing coverage under the provisions of this supplement, and again meet the eligibility requirements of your certificate, not including the terms of this supplement, you shall no longer be considered to have portability status. Insurance for that certificate holder may be provided only under the terms of your certificate, not including this supplement, unless and until you no longer meet the eligibility requirements of your certificate and again return to portability status as provided for herein.

**What happens to insurance provided under this supplement when the group policy terminates?**

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

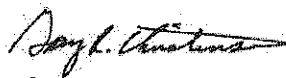
Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled "When will insurance continued under this supplement terminate?"

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

**When will insurance continued under this supplement terminate?**

Insurance continued under this supplement will terminate on the earliest of the following:

- (1) you or your spouse/domestic partner's 70th birthday; or
- (2) the date you again meet the eligibility requirements of your certificate, not including the terms of this supplement; or
- (3) in the case of a dependent child or a spouse/domestic partner who is insured by a supplement to your certificate, the date your coverage is no longer being continued under this supplement, or the date your spouse/domestic partner or child ceases to be eligible as defined under the terms of your certificate; or
- (4) 31 days after the due date of any premium contribution which is not made.

  
Secretary

  
President

**MINNESOTA LIFE**

400 Robert Street North • St Paul, Minnesota 55101-2098

**GROUP TERM LIFE INSURANCE POLICY**



# Accidental Death and Dismemberment Certificate of Insurance

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

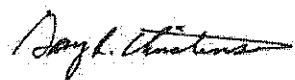
Revised August, 2014

## Read Your Certificate Carefully

You are insured under the group policy shown on the certificate specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

## Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.



Secretary

President



President

## TABLE OF CONTENTS

Legal Actions.....	1
Definitions.....	2
General Information .....	2
Premiums .....	3
Accidental Death and Dismemberment Benefit .....	4
Exclusions .....	5

Additional Benefits .....	5
Portability Benefit .....	7
Waiver of Premium Benefit .....	8
Termination .....	10
Additional Information .....	10

## ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE

## EMPLOYEE CERTIFICATE SPECIFICATIONS PAGE

### GENERAL INFORMATION

Revised August 2014

**POLICYHOLDER:** City of Atlanta **POLICY NUMBER:** 34158-G

**ASSOCIATED COMPANIES:** All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.

**POLICY EFFECTIVE DATE:** November 1, 2012

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

**GROUP:** The group is composed of all active full time employees and elected official (council members), and retirees of the policyholder and its associated companies, who are legal citizens or legal residents of the United States or Canada in the following Classes:

Class 1: Full-time employees and council members  
Class 2: Retirees  
Class 3: Elected Official (council members)

In the case of a legal resident, the person will become ineligible for insurance if he or she leaves the United States or Canada for 180 or more consecutive days. Temporary, seasonal or contract employees are not included as eligible employees under this policy.

**ENROLLMENT PERIOD:** Not applicable to noncontributory insurance; 31 days from the first day of eligibility for contributory insurance, except that retirees may apply for retiree coverage within 90 days after the retiree's first day of retirement.

**WAITING PERIOD:** None

**MINIMUM HOURS PER WEEK REQUIREMENT:** Full-time employees: 40 hours per week.  
Elected officials (council members): 18 hours per week.

### PLAN OF INSURANCE

#### EMPLOYEE BENEFIT SCHEDULE

#### EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

##### Basic Insurance

##### Eligible Class

##### Amount of Insurance

Class 1:	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.
Class 2:	\$5,000
Class 3:	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.

#### GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

**RETIREMENT REDUCTIONS:** At retirement, a retiree can elect \$5,000 coverage. Coverage lost due to

retirement may be ported.

**CONTRIBUTORY/  
NONCONTRIBUTORY:**

Classes 1 and 3: the first \$10,000 is noncontributory insurance, any amount above \$10,000 is contributory insurance; Class 2: insurance is contributory.

**INCREASES AND DECREASES:**

The effective date of increases and decreases due to a change salary is the first of the month following the change in salary.

**RESTATEMENT PERIOD:**

None.

An employee's insurance under this certificate will not be reinstated after coverage terminates due to loss of eligibility under the plan. An employee who again becomes eligible after loss of coverage may apply according to the plan of insurance available to newly eligible employees.

## Definitions

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### **age**

Attained age as of most recent birthday.

### **associated company**

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

### **certificate effective date**

The date your coverage under this certificate becomes effective.

### **contributory insurance**

Insurance for which the employee is required to make premium contributions.

### **earnings**

An employee's annual gross base earnings not including commissions, overtime or premium pay, bonuses, or any other additional compensation.

### **employee**

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees, seasonal employees nor corporate directors who are not otherwise employees.

### **employer**

The policyholder or any designated associated company.

### **insured**

A person who is eligible for and becomes insured under the terms of this certificate.

### **licensed physician**

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be the certificate holder or the certificate holder's spouse, children, parents, grandparents, grandchildren, brothers or sisters, or the spouse of any such individuals.

### **non-work day**

A day on which the employee is not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of

operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

### **noncontributory insurance**

Insurance for which the employee is not required to make premium contributions.

### **policyholder**

The owner of the group policy as shown on the specifications page attached to this .

### **specifications page**

The outline which summarizes the policyholder's plan of insurance.

### **waiting period**

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page attached to this certificate.

### **we, our, us**

Minnesota Life Insurance Company.

### **you, your, certificate holder**

The individual who applies for and becomes insured under the group policy.

## General Information

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### **What is your agreement with us?**

This certificate summarizes the principal provisions of your accidental death and dismemberment insurance provided by the group policy. The provisions summarized in this certificate are subject in every respect to the group policy. Your signed application is deemed a part of this certificate.

Any statements made in your application will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in your signed application, and a copy containing the statement is furnished to you, the beneficiary, or your or the beneficiary's personal representative.

This certificate is issued in consideration of your application and the payment of the required premium.

In making any benefits determination under this certificate and the group policy, we shall have the discretionary authority both to determine an individual's eligibility for benefits and to construe the terms of this certificate and the group policy.

### **Can this certificate be amended?**

Yes. Your consent is not required to amend this certificate. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

### **Who is eligible for insurance?**

An employee is eligible if he or she:

- (1) is a member of the eligible group and of an eligible class identified in the group policy; and
- (2) works for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page attached to this certificate; and
- (3) has satisfied the waiting period, if any; and
- (4) meets the actively at work requirement described in the "What is the actively at work requirement?" provision of this section.

All new employees or members in the groups or classes eligible for such insurance will be added to such groups or classes for which they are respectively eligible.

### **Are retired employees eligible for insurance?**

If the policyholder's plan of insurance, as shown on the specifications page attached to the group policy, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor to have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

### **What is the actively at work requirement?**

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

Employees not working due to illness or injury do not meet the actively at work requirement nor do employees receiving sick pay, short-term disability benefits or long-term disability benefits.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

### **When does your insurance become effective?**

Your insurance becomes effective on the date that all of the following conditions have been met:

- (1) you meet all eligibility requirements; and
- (2) if required, you apply for the insurance on forms which are approved by us; and
- (3) we receive the required premium.

### **Can your coverage be continued during your sickness, injury, leave of absence or temporary layoff?**

Yes. The employer may continue your noncontributory insurance or allow you to continue your contributory insurance when you are absent from work due to sickness, injury, leave of absence, or temporary layoff. Continuation of your insurance is subject to certain time limits and conditions as stated in the group policy. If you stop active work for any reason, you should discuss with the employer what arrangements may be made to continue your insurance.

## **Premiums**

### **When and how often are premiums due?**

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

### **How is the premium determined?**

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period, or following the date that the amount of insurance in force for any one coverage changes by more than 15% from that which was used to determine the current rates (active employee coverage and retiree coverage are considered separate coverages, as are basic life, supplemental life, spouse life, child life and AD&D); or
- (2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 15% from the volume that was used to determine the current rates or more.

## Accidental Death and Dismemberment Benefit

### What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury means that an insured's death or dismemberment results, directly and independently of all other causes, from an accidental injury which is unintended, unexpected, and unforeseen.

The injury must occur while the insured's coverage is in force. The insured's death or dismemberment must occur within 365 days after the date of the injury.

### What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page attached to this certificate. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
Speech and Hearing .....	100%
One Hand and One Foot.....	100%
One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye.....	100%
Quadriplegia .....	100%
Paraplegia .....	75%
Sight of One Eye .....	50%
Speech or Hearing .....	50%
One Hand or One Foot.....	50%
Hemiplegia .....	50%
Thumb and Index Finger of One Hand .....	25%
All four fingers of one hand .....	25%
Uniplegia .....	25%
All the toes of one foot .....	.08%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints. Quadriplegia means total paralysis of both upper and lower limbs. Paraplegia means total paralysis of both lower limbs. Hemiplegia means total paralysis of upper and lower limbs on one side of the body. Uniplegia means total paralysis of one limb.

A benefit is not payable for both loss of thumb and index finger of one hand and the loss of one hand for injury to the same hand as a result of any one accident.

Benefits may be paid for more than one accidental injury, but the total amount of insurance payable for a certificate

holder's losses under this policy due to any one accident, not including any amount paid according to the terms of the Additional Benefits section of this policy, will never exceed such certificate holder's full amount of insurance shown on the specifications page attached to this policy unless otherwise specified in the Additional Benefits section of this policy. Under no circumstance will more than one payment be made for the same loss or paralysis of the same limb.

### Can you request a change in the amount of your contributory insurance?

Yes. You can request an increase or a decrease in the amount of your contributory insurance as shown on the specifications page attached to this certificate. Requests may be made in writing, by telephone or any other method made available by us.

### When will changes in coverage amounts be effective?

Increases and decreases in amounts of contributory insurance will be effective as shown on the specifications page attached to this certificate. All increases in the amount of insurance are subject to the actively at work requirement.

### What are the notice of claim and proof of loss requirements?

Written notice of injury on which a claim may be based must be given to us within 30 days after the accident. Proof of loss must be furnished to us within 90 days after the date of loss. However, failure to give such notice and proof within the time provided will not invalidate the claim if it is shown that notice and proof were given as soon as reasonably possible.

When we receive written notice of claim, we will send the claimant our claim forms if he or she needs them. If the claimant does not receive the forms within 15 days, we will accept his or her written description as proof of loss.

### When will the accidental death or dismemberment benefit be payable?

We will pay the accidental death or dismemberment benefit upon receipt at our home office of written proof satisfactory to us that you died or suffered a covered dismemberment as a result of a covered accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of your death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 0.1% per year or the minimum required by state law, whichever is greater.

### To whom will we pay the accidental death or dismemberment benefit?

In the case of your accidental death, we will pay the accidental death benefit to the beneficiary or beneficiaries.

All other benefits will be payable to you, if living, otherwise to your estate.

A beneficiary is named by you to receive the accidental death benefit to be paid at your accidental death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company as a beneficiary.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in writing. To receive the accidental death benefit, a beneficiary must be living at the time of your accidental death. In the event a beneficiary is not living at the time of your accidental death, that beneficiary's portion of the accidental death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the accidental death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the accidental death benefit to:

- (1) your lawful spouse, if living, otherwise;
- (2) your natural or legally adopted child (children) in equal shares, if living, otherwise;
- (3) your parents in equal shares, if living, otherwise;
- (4) your brothers and sisters in equal shares, if living; otherwise
- (5) the personal representative of your estate.

### Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your request.

## Exclusions

### What are the exclusions under this certificate?

In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment results from or is caused directly or indirectly by any of the following:

- (1) suicide or attempted suicide, whether sane or insane; or

- (2) intentionally self-inflicted injury or any attempt at self-inflicted injury, whether sane or insane; or
- (3) the insured's participation in or attempt to commit a crime, assault or felony; or
- (4) bodily or mental infirmity, illness or disease; or
- (5) medical or surgical treatment including diagnostic procedures; or
- (6) alcohol, drugs, poisons, gases or fumes, voluntarily taken, administered, absorbed, inhaled, ingested or injected; or
- (7) bacterial infection, other than infection occurring simultaneously with, and as a result of, the accidental injury; or
- (8) travel or flight in or on any vehicle used for aerial navigation including getting in, out, on, or off such vehicle, if the insured is:
  - (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - (b) acting as a pilot or a crew member of any aircraft, unless riding as a passenger (this item (b) does not apply to a police officer either while piloting an aircraft or while acting as a crew member of an aircraft, when performing his/her work duties for the policyholder); or
  - (c) riding as a passenger in a non-chartered aircraft which is owned, leased, operated, or controlled by the eligible employee's employer; or
  - (d) a student taking a flying lesson, unless riding as a passenger; or
  - (e) hang gliding; or
  - (f) parachuting, except when the insured has to make a parachute jump for self-preservation; or
- (9) war or any act of war, whether declared or undeclared; or
- (10) riot or civil insurrection; or
- (11) service in the military of any nation.

## Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the accidental death and dismemberment benefits. Additional benefits are paid in addition to any accidental death and dismemberment benefits described in the Accidental Death and Dismemberment section, unless otherwise stated.

### Air Bag Benefit

#### What is the air bag benefit?

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional accidental death benefit equal to the lesser of \$10,000 or 10% of the amount payable due to the death, provided:

- (1) the seat in which you were seated was equipped with a properly installed airbag at the time of the accident; and
- (2) the private passenger car is equipped with seatbelts; and
- (3) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

#### **Child Care Benefit**

##### **What is the child care benefit?**

If you die as a result of a covered accident and you are survived by your dependent spouse and one or more dependent children under age 13, we will pay additional benefits to reimburse the surviving spouse for child care expenses for your dependent children.

The amount of the benefit for all children will be the lowest of the following amounts:

- (1) the amount of actual incurred child care expenses; or
- (2) \$5,000 per year; or
- (3) the lesser of 25% of your full AD&D amount or \$10,000 for all years and all dependent children.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than 36 months after the date of your death. Proof of incurred child care expenses shall be required before any benefit payment is made. The child care benefit will be paid to the surviving spouse.

#### **Child Education Benefit**

##### **What is the education benefit?**

If you die as a result of a covered accident and you are survived by one or more dependent children, we will pay an education benefit, not to exceed the lowest of the following amounts:

- (1) \$5,000 per year per dependent child;
- (2) the lesser of 25% of your full amount of AD&D or \$10,000 for all years for all dependent children.

Benefits will be paid for up to four consecutive years of enrollment per dependent provided that at the time of your death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational institution and is under age 26; or is at the secondary school level but will enroll as a full-time student in an accredited post-secondary educational institution within 365 days after your death.

The benefit will be paid to your spouse, if living, otherwise to or on behalf of the dependent children.

#### **Coma Benefit**

##### **What is the coma benefit?**

If you lapse into a coma as a result of and within 365 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a benefit equal to the lesser of:

- (1) 1% of your amount of insurance; or
- (2) 1% of the difference between your amount of insurance and the amount of any benefits paid under the loss schedule for the same accident.

This benefit will be paid monthly until the earliest of the following:

- (1) the date you recover such that you are no longer in a coma as defined herein; or
- (2) the date of your death. If an accidental death payment is due under this certificate, the amount of such payment will be reduced by the amount of insurance paid under this coma provision; or
- (3) 100 months following the date monthly benefits commenced.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

#### **Line of Duty**

##### **What is the Line of Duty Benefit?**

If you are a public safety officer or a tree trimmer and suffer a loss for which a benefit is payable under this certificate as a result of a covered accident which occurs while you are performing your customary duties for the employer, we will pay an additional benefit equal to 50% of your amount of AD&D insurance. For public safety officers, the loss must be incurred while the member is taking action that by rule, regulation, law or condition of employment they are obligated or authorized to perform as a public safety officer. The action must be taken in the course of reducing crime, criminal law enforcement, or fire suppression, including such action taken in response to an



emergency while off duty. For firefighters and police, Line of Duty includes social, ceremonial or athletic functions to which the member is assigned and for which they are paid as a public safety officer by the policyholder. For tree trimmers, coverage is provided only for accidents that occur while cutting and clearing vegetation and debris as a tree trimmer for the policyholder and only while so engaged due directly to conditions created by an adverse weather condition or some other unscheduled event

Public safety officers includes police officers, firefighters, corrections officers, probation officers, public transit officers, parole officers, judicial officers, and officially recognized or designated volunteer firefighters.

### **Public Transportation Benefit**

#### **What is the public transportation benefit?**

If you die or suffer a covered dismemberment as a result of a covered accident which occurs while you are a fare-paying passenger on a public transportation vehicle, we will pay an additional benefit equal to 25% of your full amount of AD&D insurance.

### **Seatbelt Benefit**

#### **What is the seatbelt benefit?**

If you die as a result of a covered accident which occurs while you are driving or riding in a private passenger car, we will pay an additional accidental death benefit equal to the lesser of:

- (1) \$15,000; or
- (2) 10% of the amount payable due to the death.

In order to be eligible for this benefit, the following must apply:

- (1) the private passenger car was equipped with seatbelts; and
- (2) a seatbelt was in proper use by you at the time of the accident as certified in the official accident report or by the investigating officer; and
- (3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or policyholder-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

### **Spouse Educational Benefit**

#### **What is the spouse educational benefit?**

If you die as a result of a covered accident and you are survived by your dependent spouse, we will pay an education benefit to the surviving spouse provided that the spouse, within 36 months after the date of such accident, enrolls as a full-time student in an accredited educational institution or an institution of vocational training for the purpose of preparing for full-time employment, or if already employed full-time, increasing earnings.

The benefit will be equal to \$5,000 per year or a cumulative total that is the lesser of \$10,000 or 25% of your full amount of AD&D.

Proof of such costs will be required before benefits are paid.

### **Portability Benefit**

#### **What is the portability benefit?**

The portability benefit provides for continuation of group accidental death and dismemberment insurance if you no longer meet the eligibility requirements of this certificate, except as provided for herein.

To continue coverage under the provisions of this benefit, you must make a written request and make the first premium contribution within 31 days after insurance provided by this certificate would otherwise terminate. Coverage provided by this benefit will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be your portability date and you are then considered to have portability status.

#### **Who is eligible to continue insurance under this benefit?**

You are eligible to continue insurance under this benefit if you, except as provided by this benefit, no longer meet the eligibility requirements of this certificate due to any of the following:

- (1) you terminate employment, including retirement; or
- (2) you are no longer in a class eligible for insurance or is on a leave or layoff; or
- (3) a class or group of employees insured under the group policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under the group policy.

You will not be eligible to request coverage under this benefit if you:

- (1) have attained the age of 70; or

- (2) were not actively at work due to sickness or injury on the day immediately preceding your portability date; or
- (3) lose eligibility due to termination of the group policy.

#### **What insurance can be continued under this benefit?**

Contributory and noncontributory insurance may be continued under this benefit. You may continue coverage under all additional benefits to such certificate which apply to contributory and noncontributory insurance and by which you were insured immediately preceding your portability date.

The amount of insurance continued under this benefit for any individual will be subject to any applicable state law or regulation relating to allowable amounts of insurance.

#### **What is the minimum amount of insurance that can be continued under this benefit?**

The minimum amount of insurance that can be continued under this benefit is \$10,000.

#### **What is the maximum amount of insurance that can be continued under this benefit?**

The maximum amount of insurance that can be continued under this benefit is the amount of insurance that was in force on your portability date, but not more than \$250,000. However, if you are age 65 or older on your portability date, the amount will not be more than 65% of the amount in force on your portability date, to a maximum of \$162,500.

#### **Will the amount of insurance continued under this benefit change?**

Yes. When you attain age 65, the amount of insurance continued under this benefit will reduce to 65% of the amount of insurance in force on the day prior to your attainment of age 65. Insurance terminates at age 70.

#### **Can you request a change in your amount of insurance continued under this benefit?**

Yes. You may elect to reduce the amount of insurance provided under your certificate. The remaining amount of insurance must be at least \$10,000.

The amount of insurance continued under this benefit will never increase.

#### **How will premium contributions be paid?**

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

#### **Can the premium rate change?**

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future but will not change more often than once per year.

#### **What happens if you again become eligible under this certificate?**

If you are continuing coverage under the provisions of this benefit and again meet the eligibility requirements of this certificate, not including the terms of this benefit, you shall no longer be considered to have portability status. Your Insurance may be provided only under the terms of this certificate, not including this benefit, unless and until you no longer meet the eligibility requirements of this certificate and again return to portability status as provided for herein. You cannot be covered under this certificate with both portability status and non-portability status.

#### **What happens to insurance provided under this benefit when the group policy terminates?**

Anything in this certificate notwithstanding, termination of the group policy by the policyholder or us will not terminate insurance then in force for any person under the terms of this benefit. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this benefit will remain in force until terminated by the provision entitled "When will insurance continued under this benefit terminate?".

No individual may elect coverage under this benefit on or after the date of termination of the group policy.

#### **When will insurance continued under this benefit terminate?**

Insurance continued under this benefit will terminate on the earliest of the following:

- (1) your 70th birthday; or
- (2) the date you again meet the eligibility requirements of this certificate, not including the terms of this benefit; or
- (3) 31 days after the due date of any premium contribution which is not made.

### **Waiver of Premium Benefit**

#### **What is the waiver of premium benefit?**

If, while under age 60, you become totally disabled as defined herein and the total disability has existed continuously for at least six months, your insurance will be continued in force without payment of premium during the uninterrupted continuance of the total disability. Insurance continued under this benefit will include only insurance amounts and benefits which are in force on the date of the onset of the total disability.

No additional insurance or benefits may be added to a your coverage while you are totally disabled.

### **What is total disability?**

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this certificate, your immediate family consists of your spouse, children, parents, grandparents, grandchildren, brothers and sisters and their spouses.

### **What proof of total disability do we require?**

We require proof satisfactory to us that your total disability:

- (1) commenced while your insurance was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for at least six months.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally disabled. We may also require that you submit to one or more medical examinations at our expense.

### **When must we be notified of your total disability?**

We must receive written notice at our home office of your total disability within one year of the date of onset of the total disability. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

### **What is the amount of insurance to be continued under this benefit?**

The amount of insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total disability.

If the certificate provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance under this benefit.

### **How long will insurance be continued without payment of premium?**

Insurance will be continued for a totally disabled certificate holder, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you recover so that you are no longer totally disabled; or
- (3) the date you fail to furnish satisfactory proof of continued total disability when requested or refuse to submit to a required medical examination; or

- (4) the date you retire if the group policy provides for termination of insurance at retirement.

Insurance being continued without further payment of premium under the provisions of this benefit will not end due solely to the termination of this benefit or of the group policy.

### **What happens to your insurance when the waiver of premium benefit ends?**

When the waiver of premium benefit ends according to the provision entitled "How long will insurance be continued without payment of premium?", the following will apply:

- (1) If this certificate is in force and you meet the eligibility requirements of this certificate, your insurance can be continued. Premium will no longer be waived and premium payment must be resumed.
- (2) If this certificate is not in force or you do not meet the eligibility requirements of this certificate, insurance shall terminate.

### **When must we be notified of your accidental death or dismemberment?**

We must receive written notice at our home office within one year of your accidental death or dismemberment that you died or suffered a dismemberment during a period of continuance provided by this benefit. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until accidental death or dismemberment occurred. If such notice and proof are not provided within the required time frame there will be no liability for any payment under this benefit unless it is shown that notice was given as soon as reasonably possible.

### **What if you are totally disabled and you die as a result of a covered accident before a waiver claim is submitted and approved?**

If you die as a result of a covered accident within one year of the date of onset of your total disability, the beneficiary may claim benefits even if your insurance terminated and you had not submitted due proof satisfactory to us of your total disability or were continuously disabled for less than six months. The beneficiary must submit proof satisfactory to us that your total disability, which began while your insurance was in force and before your 60th birthday, continued without interruption until your death.

### **What if you are totally disabled and suffer a covered dismemberment before a waiver claim is submitted and approved?**

If you are totally disabled and suffer a covered dismemberment as the result of a covered accident within one year of the date of onset of your disability, you may claim benefits even if premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or were continuously disabled for less than six months. You must

submit proof satisfactory to us that your her total disability, which began while your insurance was in force and before your 60th birthday, continued without interruption until your covered dismemberment.

## **Termination**

### **When does your insurance end?**

Your insurance ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you attain age 70; or
- (3) the date you no longer meet the eligibility requirements, unless the insurance can be continued under the portability provisions, if any; or
- (4) the date the group policy is amended so you are no longer eligible, unless the insurance can be continued under the portability provisions, if any; or
- (5) 31 days (the grace period) after the due date of any unpaid premium if the premium remains unpaid at that time; or
- (6) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

Written notice of the cancellation or nonrenewal of the group policy due to the nonpayment of premiums will be mailed to your last known address of record within 14 days of the expiration of the grace period.

If your insurance under this certificate terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within 31 days of the date of termination and during your lifetime.

### **Can your coverage be reinstated after termination?**

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within the time period indicated on the specifications page, such coverage under this certificate, including all benefits previously terminated, may be reinstated.

Your coverage under this certificate shall be reinstated automatically, without satisfaction of any waiting period. The amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under this certificate, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

### **When does the group policy terminate?**

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Written notice of the cancellation or nonrenewal of the group policy due to the nonpayment of premiums will be mailed to a certificate holder's last known address of record within 14 days of the expiration of the grace period.

## **Additional Information**

### **Do we have the right to obtain independent medical verification?**

Yes. We retain the right to have an insured medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in the case of death.

### **What if an insured's age has been misstated?**

If an insured's age has been misstated, the accidental death or dismemberment benefit payable will be that amount to which the insured is entitled based on his or her correct age.

A premium adjustment will be made to the premium you pay for the insured's noncontributory insurance and to the premium an insured pays for contributory insurance, if any, so that the actual premium required at the insured's correct age is paid.

### **When does an insured's insurance become incontestable?**

Except for the non-payment of premiums, after the insured's insurance has been in force during his or her lifetime for two years from the effective date of his or her coverage, we cannot contest the insured's coverage. However, if there has been an increase in the amount of insurance for which the insured was required to apply, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements the insured makes in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement an insured makes will not be used to void his or her insurance, or defend against a claim, unless the statement is contained in the signed application attached to the insured's certificate and a copy of the statement has been provided to the insured or his or her beneficiary.

### **Can your holder's insurance be assigned?**

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, you file the original instrument or a

certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

**Will the provisions of this certificate conform with state law?**

Yes. If any provision in this certificate, or in the group policy, is in conflict with the laws of the state governing the group policy or the certificates, the provision will be deemed to be amended to conform to such laws.

**MINNESOTA LIFE**

400 Robert Street North • St Paul, Minnesota 55101-2098

**ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE**

## Group Term Life Policy Amendment 1

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

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To be attached to and made a part of Group Policy No. 34156-G issued by Minnesota Life Insurance Company to City of Atlanta. This amendment is effective as of August 28, 2014. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

This amendment verifies that Elected Officials (council members) have the same level of benefits as the Class 1 employees. However, they will be split out by class and shown as Class 3 in the policy. As a result, the previously issued Group Policy Specifications Page is replaced by the attached revised Group Policy Specifications Page.

Agreed to by Minnesota Life Insurance Company this 28th day of October, 2014.

By Thomas J. J. J. mmj  
Assistant Secretary

**GENERAL INFORMATION**

revised August 2014

<b>POLICYHOLDER:</b>	City of Atlanta	<b>POLICY NO.:</b> 34156-G
<b>ASSOCIATED COMPANIES:</b>	All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.	
<b>POLICY EFFECTIVE DATE:</b>	November 1, 2012	
<b>POLICY ANNIVERSARY DATE:</b>	September 1 of each year beginning September 1, 2013.	
<b>PREMIUM DUE DATE(S):</b>	The first day of each month.	
<b>GROUP:</b>	<p>The group is composed of all active employees, elected officials (council members), and retirees of the policyholder and its associated companies, who are legal citizens or legal residents of the United States or Canada in the following classes:</p> <p>Class 1: Active full-time and part-time permanent employees  Class 2: Retirees  Class 2a: Grandfathered disabled retirees  Class 3: Elected officials (council members)</p> <p>In the case of a legal resident, the person will become ineligible for insurance if he or she leaves the United States or Canada for 180 or more consecutive days. Temporary, seasonal or contract employees are not included as eligible employees under this policy.</p>	
<b>ENROLLMENT PERIOD:</b>	Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance, except that retirees may apply for the \$5,000 basic retiree coverage within 90 days after the retiree's first day of retirement.	
<b>WAITING PERIOD:</b>	None	
<b>MINIMUM HOURS PER WEEK REQUIRED:</b>	<p>Full-time employees: 40 hours per week.</p> <p>Elected officials (council members): 18 hours per week.</p>	

**PLAN OF INSURANCE****EMPLOYEE BENEFIT SCHEDULE****EMPLOYEE TERM LIFE INSURANCE:****Basic Life Insurance****Eligible Class**

Class 1: Eligible employees

**Amount of Basic Life Insurance**

One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.



Class 2: Retirees \$5,000\*

Class 2a: Grandfathered disabled retirees \$5,000

\*Retirees who retired prior to July 1, 2013 and who enrolled for the \$5,000 basic retiree coverage at the time they retired, shall have a one-time opportunity to purchase up to an additional \$5,000, \$10,000 or \$15,000 of life coverage with evidence of insurability. The retiree must pay the entire premium for this coverage. For purposes of this policy, this shall be termed "additional life". The additional amount of insurance is in addition to the flat \$5,000 basic life retiree coverage paid for by the policyholder.

\* Retirees who retire on or after July 1, 2013, may elect to continue an amount of basic life of \$5,000, \$10,000 or \$15,000, subject to the lesser of the basic active amount they had prior to retiring on a guaranteed issue basis, provided coverage is elected within 31 days of the retiree's retirement date. The retiree must pay the entire premium for this coverage. For purposes of this policy, this shall be termed "additional life". The additional amount of insurance is in addition to the flat \$5,000 basic life retiree coverage paid for by the policyholder.

Class 3: Elected officials (council members)

One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.

### **Supplemental Life Insurance**

An amount elected by the employee or retiree:

#### **Eligible Class**

#### **Amount of Supplemental Life Insurance**

Class 1: Eligible employees

An amount in \$10,000 increments, subject to a maximum of \$200,000.

Class 2 retirees

None

Class 2a grandfathered disabled retirees

None

Class 3: Elected officials (council members):

An amount in \$10,000 increments, subject to a maximum of \$200,000.

### **Additional Life Insurance**

An amount elected by the retiree:

#### **Eligible Class**

#### **Amount of Additional Life Insurance**

Class 2 retirees:

An amount elected by the retiree, up to a maximum of \$15,000.

Class 2a:

None

### **BASIC EMPLOYEE/RETIREE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE: Provided under Policy Number 34158-G**

#### **GENERAL PROVISIONS FOR EMPLOYEE INSURANCE**

#### **RETIREMENT REDUCTIONS:**

At retirement, a retiree will get \$5,000 basic coverage. In addition, retirees may also elect up to an additional \$5,000, \$10,000 or \$15,000 of "additional" life. Coverage lost due to retirement may be ported or converted.

#### **CONTRIBUTORY/NONCONTRIBUTORY:**

For Classes 1 and 3 basic insurance: the first \$10,000 is noncontributory insurance, any amount above \$10,000 is contributory insurance; Classes 1 and 3 supplemental insurance is contributory insurance. For Class 2 and 2a, basic

insurance is non-contributory; Class 2 additional life is contributory insurance

## **GUARANTEED ISSUE AMOUNT:**

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:

All basic insurance is guaranteed issue.

Coverage increases due to salary changes are guaranteed issue to the plan maximum.

For supplemental insurance:

For employees in an eligible class immediately prior to the effective date of the group policy:

An amount equal to the amount of contributory insurance for which the employee was insured under the prior carrier's group policy on the day immediately preceding the effective date of this policy.

For employees who first become eligible after the effective date of this policy:

\$200,000.

For a retiree who retires on or after July 1, 2013, elected "additional" insurance:

All additional insurance is guaranteed issue.

## **EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

## **EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:**

Increases and decreases due to a change in salary will become effective on the first of the month following the change in salary. Increases and decreases due to a change in eligible class will become effective on the date of the change in eligible class. Evidence of insurability will not be required for an increase in insurance due solely to an increase in salary. All increases are subject to the actively at work requirement.

## **DEPENDENTS BENEFIT SCHEDULE**

**DEPENDENTS TERM LIFE INSURANCE:** Available if an employee or retiree is insured for basic life coverage. Available to Classes 1, 2, 3.

### **Option 1**

#### **Spouse/Domestic Partner Life Insurance**

##### **Eligible Class**

Classes 1, 2 and 3:

##### **Amount of Spouse/Domestic Partner Life Insurance**

\$5,000, not to exceed 100% of the employee's or retiree's basic amount of life insurance.

### **Option 1**

#### **Child Life Insurance**

##### **Eligible Class**

Classes 1, 2 and 3:

##### **Amount of Child Life Insurance**

Age 6 months or older: 5,000, not to exceed 100% of the employee's or retiree's basic amount of life insurance.  
(\$600 from live birth to age 6 months)

### **Option 2**

**DEPENDENTS TERM LIFE INSURANCE:** Available if an employee or retiree is insured for basic life coverage.

**Eligible Class**

**Amount of Life Insurance**

Classes 1 2 and 3 - Spouse/Domestic Partner

\$5,000, not to exceed 100% of the employee's or retiree's basic amount of life insurance.

Classes 1, 2 and 3 - Child

\$5,000, age 6 months or older not to exceed 100% of the employee's or retiree's basic amount of life insurance.  
(\$600 from live birth to age 6 months)

**SURVIVOR SPOUSE BENEFIT (applies to Classes 1, 2 and 3):**

To obtain this coverage a spouse must be covered for spouse life coverage at the time of the employee or retiree's death. Spouse coverage shall continue until the last day of the five- month period that begins on the date of the employee or retiree's death, without payment of premium. After this five month period, the surviving spouse may elect to continue his or her \$5,000 life insurance coverage by payment of the required monthly premium.  
A surviving spouse who terminates his/her coverage is not eligible to re-enroll in the policy in the future

**GENERAL PROVISIONS FOR DEPENDENTS INSURANCE**

**CONTRIBUTORY/NONCONTRIBUTORY:**

Dependents insurance is contributory insurance.

**GUARANTEED ISSUE AMOUNT:**

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For employees or retirees with eligible dependents immediately prior to the effective date of this policy, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy.

For employees or retirees who first become eligible for dependents insurance after the effective date of this policy, the guaranteed issue amount is as follows:

For spouse/domestic partner insurance: \$5,000

For child insurance: \$5,000

**EVIDENCE OF INSURABILITY:**

Evidence of insurability is required as stated in the policy and for an amount of insurance greater than the guaranteed issue amount.

**EFFECT OF EMPLOYEE'S RETIREMENT:**

All dependents insurance terminates upon the employee's retirement except as provided under the portability and conversion provisions.

**ADDITIONAL INFORMATION**

**SUICIDE EXCLUSION FOR LIFE INSURANCE:**

Applies only to employee supplemental life, retiree additional life and spouse life insurance under this policy.

**WAIVER OF PREMIUM APPLICATION:**

Applies to contributory and noncontributory employee insurance.

**REINSTATEMENT PERIOD:**

None.

An employee's insurance under this policy will not be reinstated after coverage terminates due to loss of eligibility under the plan. An employee who again becomes eligible after loss of coverage may apply according to the plan of insurance available to newly eligible employees.

**ANNUAL OPEN ENROLLMENT:**

During the policyholder's annual open enrollment, the following election changes can be made without providing evidence of insurability:

- An employee participating in the supplemental life plan or an employee who is electing coverage for the first time, may increase his or her supplemental life coverage by two increments (\$20,000) up to the guarantee issue limit of \$200,000.
- An employee may elect spouse life insurance
- An employee may elect child life amount

Employees who have been previously declined coverage are not eligible without evidence of insurability.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement.

#### **QUALIFIED STATUS CHANGES:**

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change:

- An employee may increase his or her supplemental life coverage or elect for the first time up to the guarantee issue limit of \$200,000
- An employee may elect child life amount

Employees who have been previously declined for coverage are not eligible without evidence of insurability. Spouses not currently enrolled or who were previously declined coverage are not eligible without evidence of insurability.

Coverage will be effective on the date of the election, subject to the actively at work requirement.

Qualified Status Change for this purpose means:

- Birth or adoption
- Marriage

#### **RIDER(S) TO THE GROUP POLICY**

Dependents Term Life

Applies to Classes 1, 2 and 3.

Waiver of Premium

Applies to Classes 1 and 3 only.

Accelerated Benefits

Applies to Classes 1, 2 and 3.

Portability

Applies to Classes 1, 2 and 3

## Group Accidental Death and Dismemberment Policy Amendment 1

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, Minnesota 55101-2098

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To be attached to and made a part of Group Policy No. 34158-G issued by Minnesota Life Insurance Company to City of Atlanta. This amendment is effective as of August 28, 2014. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

This amendment verifies that Elected Officials (council members) have the same level of benefits as the Class 1 employees. However, they will be split out by class and shown as Class 3 in the policy. As a result, the previously issued AD&D Insurance Policy Specifications Page is replaced by the attached revised AD&D Insurance Policy Specifications Page.

Agreed to by Minnesota Life Insurance Company this 28th day of October, 2014.

By Thomas J. J. J. mmj  
Assistant Secretary

## GENERAL INFORMATION

Revised August 2014

<b>POLICYHOLDER:</b>	City of Atlanta	<b>POLICY NUMBER:</b>	34158-G
<b>ASSOCIATED COMPANIES:</b>	All subsidiaries and affiliates reported to Minnesota Life by the policyholder for inclusion in the policy.		
<b>POLICY EFFECTIVE DATE:</b>	November 1, 2012		
<b>POLICY ANNIVERSARY DATE:</b>	September 1 of each year beginning September 1, 2013.		
<b>PREMIUM DUE DATE(S):</b>	The first day of each month		
<b>GROUP:</b>	<p>The group is composed of all active full time employees and elected officials (council members), and retirees of the policyholder and its associated companies, who are legal citizens or legal residents of the United States or Canada in the following Classes:</p> <p>Class 1: Full-time employees  Class 2: Retirees  Class 3: Elected officials (council members)</p> <p>In the case of a legal resident, the person will become ineligible for insurance if he or she leaves the United States or Canada for 180 or more consecutive days. Temporary, seasonal or contract employees are not included as eligible employees under this policy.</p>		
<b>ENROLLMENT PERIOD:</b>	Not applicable to noncontributory insurance; 31 days from the first day of eligibility for contributory insurance, except that retirees may apply for retiree coverage within 90 days after the retiree's first day of retirement.		
<b>WAITING PERIOD:</b>	None		
<b>MINIMUM HOURS PER WEEK REQUIREMENT:</b>	Full-time employees: 40 hours per week. Elected officials (council members): 18 hours per week.		

## PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

## EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&amp;D) INSURANCE:

## Basic Insurance

Eligible ClassAmount of Insurance

Class 1:	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.
Class 2:	\$5,000
Class 3:	One times salary, rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$250,000.

## GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

<b>RETIREMENT REDUCTIONS:</b>	At retirement, a retiree can elect \$5,000 coverage. Coverage lost due to retirement may be ported.
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**CONTRIBUTORY/  
NONCONTRIBUTORY:**

Classes 1 and 3: the first \$10,000 is noncontributory insurance, any amount above \$10,000 is contributory insurance; Class 2: insurance is contributory.

**INCREASES AND DECREASES:**

The effective date of increases and decreases due to a change salary is the first of the month following the change in salary.

**REINSTATEMENT PERIOD:**

None.

An employee's insurance under this policy will not be reinstated after coverage terminates due to loss of eligibility under the plan. An employee who again becomes eligible after loss of coverage may apply according to the plan of insurance available to newly eligible employees.

## **Attachment 5**

### **AFLAC Brochures and Experience Reports**



## Group Experience Report

Prepared January 9, 2015

City of Atlanta  
B7370

Year	Accident		Cancer		Short-term Disability	
	Claim Count	Amount Paid	Claim Count	Amount Paid	Claim Count	Amount Paid
2012	4,131	\$560,927.79	1,032	\$175,515.83	512	\$617,633.65
2013	4,075	\$613,109.36	1,052	\$123,686.75	525	\$660,052.00
2014	3,931	\$591,516.13	1,037	\$117,927.50	554	\$716,709.11
<b>Total</b>	12,137	\$1,765,553.28	3,121	\$417,130.08	1,591	\$1,994,394.76

Year	Specified Health Event		Intensive Care + Hospital Indemnity	
	Claim Count	Amount Paid	Claim Count	Amount Paid
2012	18	\$36,043.33	3,2040	\$307,958.50
2013	22	\$34,091.66	3,438	\$263,896.84
2014	65	\$87,462.74	1,641	\$317,375.74
<b>Total</b>	105	\$157,597.73	9,960	\$889,231.08

Totals provided above represent claims data from January 1, 2012 through December 31, 2014



Claims Department



## CITY OF ATLANTA

**B7370**

**Annual Averages for 2012-2014**

### 2012

Annual	Active Annual Premium	Active Policyholders	Active Policy Count	# Terminated Policies	Average # of New Policies each enrollment	Average New Annual Premium Written each enrollment
<b>Averages</b>	<b>\$3,958,830.93</b>	<b>3,974</b>	<b>9,007</b>	<b>70</b>	<b>78</b>	<b>\$35,742.05</b>

### 2013

Annual	Active Annual Premium	Active Policyholders	Active Policy Count	# Terminated Policies	Average # of New Policies each enrollment	Average New Annual Premium Written each enrollment
<b>Averages</b>	<b>\$4,033,339.64</b>	<b>4,055</b>	<b>9,107</b>	<b>55</b>	<b>76</b>	<b>\$36,705.02</b>

### 2014

Annual	Active Annual Premium	Active Policyholders	Active Policy Count	# Terminated Policies	Average # of New Policies each enrollment	Annual Premium Written each enrollment
<b>Averages</b>	<b>\$4,080,887.90</b>	<b>4,049</b>	<b>9,076</b>	<b>69</b>	<b>62</b>	<b>\$29,337.88</b>

\*\*\*Note: Active Annual Premium, Active Policyholders, and Active Policy Count is as of the end of the month. All others happened during the month

\*\*\*Note: Active Annual Premium, Active Policyholders, and Active Policy Count, Terminated Policies, and New Policies are by Production Month not Calendar Month

\*\*\*Note: Transfers are based on a Calendar Month

\*\*\*Note: Reinstatements or Reactivations of existing policies will not be reflected in New Policies or Transfers.

► **If Disability Stops Your Pay,**  
*Will You Have the Ability to  
Pay Your Bills?*



SHORT-TERM DISABILITY INSURANCE

DI



We've got you under our wing.®

# SHORT-TERM DISABILITY INSURANCE

Policy Series A57600

# DI

## Helping Pay Your Bills, While You Pay Attention to Your Health

Imagine this. One day, not very far in the future, you become disabled. And you can't go to work. It could happen to you. In fact, last year millions of families found themselves in this situation.\* How would you pay the mortgage? Buy groceries? Make your car payment? And pay all the other bills that won't go away, just because your paycheck is gone? That's where Aflac's short-term disability insurance policy can help make the difference. The difference that means you will still have a source of income and you will know Aflac is helping take care of your bills while you're taking care of yourself.



Aflac herein means American Family Life Assurance Company of Columbus.

### THE FACTS\* SAY YOU NEED THE PROTECTION OF AFLAC SHORT-TERM DISABILITY:

**3<sup>in</sup> 10**

FACT NO. 01

ALMOST ONE-THIRD OF AMERICANS ENTERING THE WORK FORCE TODAY WILL BECOME DISABLED BEFORE THEY RETIRE.

NEARLY

**90%**

FACT NO. 02

OF DISABILITIES AREN'T WORK-RELATED AND THEREFORE DON'T QUALIFY FOR WORKERS' COMPENSATION BENEFITS.

OVER

**10%**

FACT NO. 03

OF AMERICANS BETWEEN THE AGES OF 18 AND 64 HAVE A DISABILITY.

**100**

FACT NO. 04

MILLION AMERICANS ARE NOT PROTECTED BY PRIVATE DISABILITY INSURANCE.

\*\*CDA 2010 Consumer Disability Awareness Study,"  
Council for Disability Awareness, 2010.

**American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)**

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999  
For assistance or information, call 1.800.99.AFLAC (1.800.992.3522).  
For claim forms, visit our Web site at [aflac.com](http://aflac.com).

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# SHORT-TERM DISABILITY COVERAGE

OUTLINE OF COVERAGE FOR POLICY SERIES A57600

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**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**

If you are eligible for Medicare, review the  
“Guide to Health Insurance for People With Medicare” available from Aflac.

- 1. Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- 2.** Short-term Disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or Sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- 3. Benefits.** The following benefits are a part of the policy.

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after this policy has been in force ten months. The maximum period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

## A. TOTAL DISABILITY BENEFITS:

**1. Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

**B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once



the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

- C. WAIVER OF PREMIUM BENEFIT:** If your covered Sickness or covered Off-the-Job Injury causes your Total Disability or Partial Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while this policy is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your Disability when this benefit is in force. You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

#### **4. OPTIONAL BENEFITS:**

**Disability Benefit for On-the-Job Injury Rider: (Series A57650) Applied For:** ☐ Yes ☐ No

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered On-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

## **A. TOTAL DISABILITY BENEFITS:**

**1. Working Full Time:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered On-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

**B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been

released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**C. WAIVER OF PREMIUM BENEFIT:** If your covered On-the-Job Injury causes your Total Disability or Partial Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while this rider is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

**Additional Units of Disability Benefit Rider: (Series A57651) Applied For:** ☐ Yes ☐ No

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after this rider has been in force ten months. The maximum period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit or Partial Disability Benefit as described in your policy. The additional units of coverage will only be payable for a Disability that begins after the Effective Date of this rider.

#### **A. TOTAL DISABILITY BENEFITS:**

**1. Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

**B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under this policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

## IMPORTANT PROVISIONS OF YOUR POLICY

### LIMITATIONS AND EXCLUSIONS

- A.** Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.
- B.** Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician within the first 30 days after the Effective Date of coverage, unless the resulting Disability begins more than 12 months after the Effective Date of coverage.
- C.** Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States.
- D.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- E.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- F.** Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a Disability due to an Injury; such disability will be covered to the same extent as a Disability due to Sickness.
- G. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:**
  - 1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
  - 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;



3. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having cosmetic surgery or other elective procedures that are not Medically Necessary;
7. Having dental treatment, except as a result of Injury;
8. Being exposed to war or any act of war, declared or undeclared;
9. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
10. Donating an organ within the first 12 months of the Effective Date of this policy;
11. Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

**Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.**

**PRE-EXISTING CONDITION LIMITATIONS:** A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

**Renewability.** The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy.

**RETAIN FOR YOUR RECORDS.**

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.**

**THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

**DAILY DISABILITY BENEFIT:** one-thirtieth of the applicable monthly disability benefit shown in the Policy Schedule.

**EFFECTIVE DATE:** the date coverage begins as shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.

**FULL-TIME JOB:** one job at which you work 19 or more hours per week for one employer for pay or benefits.

**INJURY:** a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force.

**OFF-THE-JOB INJURY:** an Injury that occurs while you are not working at any job for pay or benefits.

**ON-THE-JOB INJURY:** an Injury that occurs while you are working at any job for pay or benefits.

**PARTIAL DISABILITY:** being under the care and attendance of a Physician due to a condition that causes you to be unable to perform the material and substantial duties of your Full-Time Job, but able to work at any job earning less than 80 percent of your Annual Income of your Full-Time Job at the time you became disabled.

**SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of Injury, that is first manifested and first treated more than 30 days after the Effective Date of coverage and while coverage is in force.

**TOTAL DISABILITY:** being under the care and attendance of a Physician due to a condition that causes you to be unable to perform the material and substantial duties of your Full-Time Job, and not working at any job.

A Physician does not include you or a member of your Immediate Family.

The term *Complications of Pregnancy* does not include premature delivery without incidence, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered Complications of Pregnancy.



# Why Aflac Short-Term Disability may be the best choice for you

Aflac is a market leader with over 50 years of experience in the insurance industry. We've been there before for others, and we'll be there for you when you need us. Aflac helps you choose what best fits your individual needs.

- Aflac short-term disability is sold on an individual basis. So you actually choose the plan that's right for you. We'll give you what you need based on your financial needs and income.
- We now offer the option of guaranteed-issue short-term disability coverage. That means **no medical questionnaire is required**. That should help give you some peace of mind.
- Your Aflac plan stays with you even when you change or leave your job. You don't get that kind of portability everywhere else.
- We pay you a cash benefit for each day you are disabled.\*\*
- Aflac does not coordinate benefits. Regardless of any other disability insurance benefits you may have, including Social Security, we will pay you directly.
- Aflac provides benefits for both Total and Partial Disability. Even if you're able to work, Partial Disability Benefits may be available to help compensate for lost income.
- Premiums may be waived when you have a prolonged disability.\*\*

*Benefits may vary by state.*

*\*\*Subject to your benefit period and elimination period.*

## COVERAGE OPTIONS

### Choose the Policy You Need

- **Monthly Benefit:** \$500–\$6,000 (subject to income requirements)
- **Total Disability Benefit Periods:** 3, 6, 12, 18, or 24 months
- **Partial Disability Benefit Period:** 3 months
- **Elimination Periods (Injury/Sickness):** 0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
- **Optional rider available for on-the-job injuries.**

*Coverage options may vary by state.*

THE POLICY HAS LIMITATIONS AND EXCLUSIONS THAT MAY AFFECT BENEFITS PAYABLE. THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY. REFER TO THE POLICY FOR COMPLETE DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

**We've got you  
under our wing.®**

**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by: American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999





**City of Atlanta**  
Georgia Payroll Premium Rates - Monthly Industry Class A

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**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 0/7 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$14.30	\$17.16	\$20.02	\$22.88	\$25.74	\$28.60	\$31.46	\$34.32	\$37.18	\$40.04
	50-64	\$14.95	\$17.94	\$20.93	\$23.92	\$26.91	\$29.90	\$32.89	\$35.88	\$38.87	\$41.86
	65-74	\$18.20	\$21.84	\$25.48	\$29.12	\$32.76	\$36.40	\$40.04	\$43.68	\$47.32	\$50.96
6 MONTHS	18-49	\$18.20	\$21.84	\$25.48	\$29.12	\$32.76	\$36.40	\$40.04	\$43.68	\$47.32	\$50.96
	50-64	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00	\$42.90	\$46.80	\$50.70	\$54.60
	65-74	\$24.70	\$29.64	\$34.58	\$39.52	\$44.46	\$49.40	\$54.34	\$59.28	\$64.22	\$69.16

**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 0/14 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12
	50-64	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12
	65-74	\$12.35	\$14.82	\$17.29	\$19.76	\$22.23	\$24.70	\$27.17	\$29.64	\$32.11	\$34.58
6 MONTHS	18-49	\$11.70	\$14.04	\$16.38	\$18.72	\$21.06	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76
	50-64	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22
	65-74	\$16.90	\$20.28	\$23.66	\$27.04	\$30.42	\$33.80	\$37.18	\$40.56	\$43.94	\$47.32

**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 0/30 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
6 MONTHS	18-49	\$7.80	\$9.36	\$10.92	\$12.48	\$14.04	\$15.60	\$17.16	\$18.72	\$20.28	\$21.84
	50-64	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12
	65-74	\$13.00	\$15.60	\$18.20	\$20.80	\$23.40	\$26.00	\$28.60	\$31.20	\$33.80	\$36.40

**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 7/7 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22
	50-64	\$14.30	\$17.16	\$20.02	\$22.88	\$25.74	\$28.60	\$31.46	\$34.32	\$37.18	\$40.04
	65-74	\$17.55	\$21.06	\$24.57	\$28.08	\$31.59	\$35.10	\$38.61	\$42.12	\$45.63	\$49.14
6 MONTHS	18-49	\$17.55	\$21.06	\$24.57	\$28.08	\$31.59	\$35.10	\$38.61	\$42.12	\$45.63	\$49.14
	50-64	\$18.85	\$22.62	\$26.39	\$30.16	\$33.93	\$37.70	\$41.47	\$45.24	\$49.01	\$52.78
	65-74	\$23.40	\$28.08	\$32.76	\$37.44	\$42.12	\$46.80	\$51.48	\$56.16	\$60.84	\$65.52



City of Atlanta  
Georgia Payroll Premium Rates - Monthly Industry Class A

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**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 7/14 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$9.10	\$10.92	\$12.74	\$14.56	\$16.38	\$18.20	\$20.02	\$21.84	\$23.66	\$25.48
	50-64	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50	\$21.45	\$23.40	\$25.35	\$27.30
	65-74	\$11.70	\$14.04	\$16.38	\$18.72	\$21.06	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76
6 MONTHS	18-49	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12
	50-64	\$12.35	\$14.82	\$17.29	\$19.76	\$22.23	\$24.70	\$27.17	\$29.64	\$32.11	\$34.58
	65-74	\$15.60	\$18.72	\$21.84	\$24.96	\$28.08	\$31.20	\$34.32	\$37.44	\$40.56	\$43.68

**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 14/14 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$8.45	\$10.14	\$11.83	\$13.52	\$15.21	\$16.90	\$18.59	\$20.28	\$21.97	\$23.66
	50-64	\$9.10	\$10.92	\$12.74	\$14.56	\$16.38	\$18.20	\$20.02	\$21.84	\$23.66	\$25.48
	65-74	\$11.05	\$13.26	\$15.47	\$17.68	\$19.89	\$22.10	\$24.31	\$26.52	\$28.73	\$30.94
6 MONTHS	18-49	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50	\$21.45	\$23.40	\$25.35	\$27.30
	50-64	\$11.70	\$14.04	\$16.38	\$18.72	\$21.06	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76
	65-74	\$14.95	\$17.94	\$20.93	\$23.92	\$26.91	\$29.90	\$32.89	\$35.88	\$38.87	\$41.86

**AFLAC-SHORT TERM DISABILITY**

**Elimination Period Accident/Sickness - 30/30 DAYS**

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
6 MONTHS	18-49	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00	\$14.30	\$15.60	\$16.90	\$18.20
	50-64	\$9.10	\$10.92	\$12.74	\$14.56	\$16.38	\$18.20	\$20.02	\$21.84	\$23.66	\$25.48
	65-74	\$11.70	\$14.04	\$16.38	\$18.72	\$21.06	\$23.40	\$25.74	\$28.08	\$30.42	\$32.76

Aflac Short-Term Disability is not available for the 60/60 DAYS elimination period with the selected benefit periods and industry class

Aflac Short-Term Disability is not available for the 90/90 DAYS elimination period with the selected benefit periods and industry class

Aflac Short-Term Disability is not available for the 180/180 DAYS elimination period with the selected benefit periods and industry class



## Peace of Mind and Real Cash Benefits



### GROUP CRITICAL ILLNESS

Includes Cancer and Wellness

# CI<sup>G</sup>



We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

# GROUP CRITICAL ILLNESS

Policy Series CAI2800 This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

# CI<sup>G</sup>

## You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness.

The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn't have to be spoiled by medical bills.

With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.



### COVERAGE WORK SHEET

Employee Benefit: \$ \_\_\_\_\_

Spouse Benefit: \$ \_\_\_\_\_

Child Benefit: \$ \_\_\_\_\_  
(25 percent of the primary insured amount)

Total Deduction: \$ \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.

## BENEFITS

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

### COVERED CRITICAL ILLNESSES:<sup>1</sup>

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU <sup>2</sup>	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY <sup>2</sup>	25%
MAJOR ORGAN TRANSPLANT	100%		

### FIRST-OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

### RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.

### \$50 HEALTH SCREENING BENEFIT

#### (Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

OVER

1.4 FACT  
MILLION

The number of new cancer cases that were expected to be diagnosed in 2009.<sup>3</sup>

<sup>3</sup>Cancer Facts & Figures 2009, American Cancer Society.

### COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

<sup>1</sup>All covered conditions are subject to the definitions found in your certificate.

<sup>2</sup>If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

### IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from

the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;

## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

### PRE-EXISTING CONDITION LIMITATION

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

### TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

**Employee** means the insured as shown in the Certificate Schedule.

**Spouse** means an Employee's legal wife or husband.

**Dependent Children** means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of the Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following such 26th birthday.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

**Major Organ Transplant** means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

**Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Stroke** means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar

ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**Cancer** (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

**Carcinoma in Situ** means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

**Renal Failure (Kidney Failure)** means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

**Coronary Artery Bypass Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

### PORTABLE COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

### TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

# We've got you under our wing.®

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The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CAI2800.

## **Attachment 6**

### **Updated Appendix E-3, Claims Enrollment and Contributions**

**(This document is made available per Addendum No. 2. However, a signed Confidentiality Agreement must be maintained on file with the Department of Procurement in order to receive this confidential document)**

## **Attachment 7**

### **BCBS RX Data**

**(This document is made available per Addendum No. 2. However, a signed Confidentiality Agreement must be maintained on file with the Department of Procurement in order to receive this confidential document)**